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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
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Foreign Limited Liability Company Tip Metrics Software LLC

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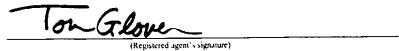
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

Wyoming		83-281906	1
,	nich foreign limited liability company is organized)	3	umber, if applicable)
	(Date first transacted business in Florida, it pr (See sections 605,0004 & 605,0905, F.S. to d	nor to registration) etermine penalty liability)	<u>.</u>
7901 4th St N		6. 7901 4th St	
STE 300	nikipsi Onke)	STE 300	
St. Petersb	urg FL 33702	St. Petersbu	rg FL 33702
Name and street address	s of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Northwest Registered	Agent LLC	AH C
Office Address:	7901 4th St N S	TE 300	WH 9: 00
	St. Petersburg	. Florida 337	02

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Title or Capacity:	Name and Address: Name: Wilfred Ngaruiya	Title or Capacity ☐ Manager	Name:
Member	Address: 340 9th st N #126	Member	Address:
Authorized	Naples FL 34102	☐ Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Name:	☐ Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
□Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
indexed individuals9. Attached is a certification under the of the translator mu10. This document	is executed in accordance with section 605.02 ment to the Department of State constitutes a	Florida Department of Standard Authenticated by the state is in a foreign language (03 (1) (b), Florida Statute	ate Annual Report form. the official having custody of records in the ge, a translation of the certificate under oatless. I am aware that any false information oxided for in s.817.155, F.S.

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Tip Metrics Software LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 10**, **2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000831999**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 7th day of January, 2022 at 1:12 PM. This certificate is assigned ID Number 049091836.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.