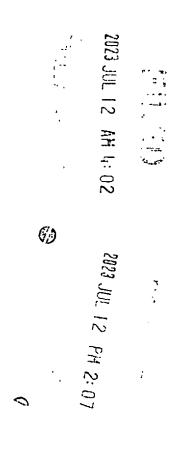
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(Requestor's Name)	
	Addrona	_
(,	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
_	_	
(1	Business Entity Name)	
	D	<u> </u>
()	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	

Office Use Only



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CT CORP

 $(v_1, \dots, v_n) = (v_n, \dots, v_n)$

Examiner _____ Updater _____ Verifier _____ W.P. Verifier ____

Ref#

(850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

D	ate:	07/12/2023	- and DW
		Acc#I20160000072	2
Name:	Mobius I	Mobility LLC	
Document #:			
Order #:	1500061	5	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:	
Filing: 🗸	Certii Plain COGS		Email Address for Annual Report Notificati
Availability	Amo	unt: \$ 155.00	

Thank you!

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	Mobius Mobility LLC	
	Name of	Limited Liability Company
The end Existen	nclosed "Application by Foreign Limited Liability Comnce, and check are submitted to register the above refer	pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matter to the	following:
	Lucas Merrow	
	N	ame of Person
	Mobius Mobility LLC	
	F	irm/Company
	540 Commerciał Street, Suite 310	
		Address
	Manchester, NH 03301	
	City/S	itate and Zip Code
	lmerrow@mobiusmobility.com	
	E-mail address: (to be use	d for future annual report notification)
For fur	rther information concerning this matter, please call:	
	Lucas Merrow	833 346-4268 at ()
	Name of Contact Person	at () Area Code Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of St	□ \$155,00 Filing Fee & . \$160,00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIAIS COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Mobius Mobility LLC					<u></u>	
(Name of Foreign	.imited Liability Company; must include "Limite	I Liability Com	pany," "L.E.C.," or "EL.C.")			
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in F	orida. The alterna	e name must include "Limited L	iability Compar	ıy," "L.I.,C," c	or "LLC
Deleware		44-	4423885			
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	3	(FEJ num	ber, if applicable	:)	_
4.						
··	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ne penalty liabilit	у)			
540 Commercial Street	, Suite 310	Sam 6	C (Mailing Address)			
(Street Address of Principal Office)			(Mailing Address)			
Manchester, NH 03101						
	<u> </u>				<u></u>	
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT accep	table)	<u></u>	2023 JUL	-, t
Name:	C T Corporation System		_		UL 12	" 8 - st
Office Address:	1200 South Pine Island Road			:-		1 کر شعد تخص
	Plantation		33324 , Florida	; · 	02	
	(City)		(Zip code)			

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 pladesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a 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.

By:

Segistered agent's signature)

Rose Song, Assistant Secretary

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address
■Manager	Name: Lucas Merrow	□Manager	Name: Dean Kamen
□Member	Address:540 Commercial Street	■Member	Address: 340 Commercial Street
□Authorized	Suite 310	□Authorized	Manchester, NH 03101
Person	Manchester, NH 03101	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
9. Attached is a cer jurisdiction under the translator mu	Use an attachment to report more than six (6), may be added to the index when filing your tificate of existence, no more than 90 days old the law of which it is organized. (If the certificate state submitted) is executed in accordance with section 605.05 ment to the Department of State constitutes a	Florida Department of Stated, duly authenticated by the cate is in a foreign language 203 (1) (b), Florida Statutes third degree felony as prov	e Annual Report form. c official having custody of records is a translation of the certificate under the certificate and itself and aware that any false informatided for in s.817.155, F.S.
	V	ire of an authorized person	
	Lucas Merrow, General Manager	or printed name of signee	

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MOBIUS MOBILITY LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWELFTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203728739

Date: 07-12-23