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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

•

TO: Registration Section Division of Corporations			
SUBJECT: LeslicAl Co.			
	corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to tran	Good Standi	ng" and check are subm	
Please return all correspondence concerning	this matter to	the following:	
Filipe Senna			
	Name of Pe	erson	
	Firm/Compa	any	
1007 N Orange St. 4th Floor Suite #1382			
	Address	5	
Wilmington, DE 19801			
	City/State and	l Zip code	
agent@firstbase.io	to be used for	future annual report no	tification)
E-man address. (to be used to:	tuture aimuai report no	unication
For further information concerning this matter	ter, please cal	1:	
Filipe Senna	(_929	3050668	
Name of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a check for the following amount Please make check payable to: FLORIDA DEP \$\Bigsim \text{S70.00 Filing Fee} \Bigsim \text{S78.75 Filing I} \text{Certificate of S1}	ARTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LESLIEAI CO." IS DULY INCORPORATED

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

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FOURTEENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LESLIEAI CO."

WAS INCORPORATED ON THE SIXTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Authentication: 204626602

Date: 10-14-24

4984171 8300 SR# 20243937105

A. DIRECTORS			
□ Chairman	Maithew James Sargent	□Chairman	Name: Augustine Mavor-Parker
□Vice Chairman	Address: 447 Broadway 2nd F1 STE #2738	□Vice Chairman	Address: 447 Broadway 2nd FL Ste #2738
Director	New York, New York 10013	Director	New York, New York 10013
President		□President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	Treasurer
CEO CEO	Other	Other	Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□ President	
□Vice President		□Vice President	
Secretary	☐Treasurer	Secretary	☐ Treasurer
Other	Other	Other	Other
Chairman	Name:	☐ Chairman	Name:
□Vice Chainnan	Address:	□Vice Chainnan	Address:
☐Director		□Director	
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	☐Secretary	Treasurer
Other	☐ Other	□Other	Other
individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Departm	ent of State Annual Re	eport form.
12	Matthew Director	co <u>Produced</u> or Officed	
The officer or direction is aware that fas. 817.155, F.S. Matthew Jar	ctor signing this document (and who is listed in number lise information submitted in a document to the Depar mes Sargent, President	er 11 above) affirms th traent of State constitu	nat the facts stated herein are true and that he or ates a third degree felony as provided for in

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Laslia M.Co.

Delaware 3 99-4918616 (State or country under the law of which it is incorporated) (FEI number, if applicable) (99/06/2024 5	Delaware		
(Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 47 Broadway, 2nd Floor 2738 New York, New York 10013 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Firstbase Agent LLC 111 NE 1st St, 8th Floor Suite #88592 Miami (City) Florida (City) Registered agent's acceptance:		3.	99-1918616
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 47 Broadway, 2nd Floor 2738 New York, New York 10013 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Firstbase Agent LLC			
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Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Firstbase Agent LLC 111 NE 1st St, 8th Floor Suite #88592 Miami (City) Registered agent's acceptance:			
Name: Firstbase Agent LLC		(Comment mailin	a address if different)
Name: Firstbase Agent LLC		(Current mailin	g address, if different)
Name: Ill NE 1st St, 8th Floor Suite #88592	Mana and atra		
Miami Florida 33132 Sign Si	Name and stre	et address of Florida registered agent: (P.C	
Miami , Florida 33132 (City) (City) (Zip code) Registered agent's acceptance:	-	et address of Florida registered agent: (P.C	
(City) (Zip code)	-	ret address of Florida registered agent: (P.C.) Firstbase Agent LLC	
Registered agent's acceptance: Text	Name:	ret address of Florida registered agent: (P.C. Firstbase Agent LLC 111 NE 1st St, 8th Floor Suite #88592 Miami	D. Box NOT acceptable) . Florida 33132
ving been named as registered agent and to accept service of process for the above stated corporation at the	Name:	ret address of Florida registered agent: (P.C. Firstbase Agent LLC 111 NE 1st St, 8th Floor Suite #88592 Miami	D. Box NOT acceptable) . Florida 33132
	Name: fice Address:	ret address of Florida registered agent: (P.C. Firstbase Agent LLC HH NE 1st St, 8th Floor Suite #88592 Miami (City)	D. Box NOT acceptable) . Florida 33132
	Name: fice Address: Registered agving been name	ret address of Florida registered agent: (P.C. Firstbase Agent LLC 111 NE 1st St, 8th Floor Suite #88592 Miami (City) gent's acceptance: med as registered agent and to accept service.	O. Box NOT acceptable)
ther agree to comply with the provisions of all statutes relative to the proper and complete performance of n	Name: Tice Address: Registered agving been namelignated in this	ret address of Florida registered agent: (P.C. Firstbase Agent LLC 111 NE 1st St, 8th Floor Suite #88592 Miami (City) gent's acceptance: med as registered agent and to accept services application, I hereby accept the appointm	O. Box NOT acceptable) . Florida 33132 (Zip code) . Ce of process for the above stated corporation and agree to act in this

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active"
 status. The first report is due in the year following formation. The report must be filed
 electronically online between January 1st and May 1st. The fee for the annual report is
 \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
 Report Reminder Notices" are sent to the e-mail address you provide us when you submit
 this document for filing. To file any time after January 1st, go to our website at
 www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations. P.O. Box 6327, Tallahassee, FL 32314.