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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
☐ PICK-UP ☐ WAIT ☐ MAI	L
(Business Entity Name)	
(Dusiness Chity Warne)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO: Registration Section Division of Corporations			
TRIBEFLOW Inc.			
	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	f Good Stand	fing" and check are submitted to register the	
Please return all correspondence concerning	g this matter	to the following:	
Valentina Lugo			
	Name of I	Person	
	Firm/Com	pany	
1007 N Orange St. 4th Floor Suite #1382		•	
	Addre	ss	
Wilmington, Delaware 19801			
	City/State ar	nd Zip code	
agent@firstbase.io			
E-mail address:	(to be used f	or future annual report notification)	
For further information concerning this mal	tter, please c	all:	
Valentina Lugo	929 t (3050668	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amou Please make check payable to: FLORIDA DEE S70.00 Filing Fee S78.75 Filing Certificate of	PARTMENT Fee & E	OF STATE \$78.75 Filing Fee & S87.50 Filing Certified Copy Certificate of Certified Co	f Status &

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.

	·	opted for the purpose of transacting business in Florida)	
<u>2. </u>		9-3692413	
06/20/2024	y under the law of which it is incorporated) 5.	(FEI number, if applicable)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1501 St. 4th Floor Suite #3595, Wilmington, Delay	2, F.S., to determine penalty liability)	
	(Principal office		,
1007 N Orange	St. 4th Floor Suite #3595, Wilmington, Dela	address, if different)	
8. Name and stree	et address of Florida registered agent: (P.O.) Firstbase Agent LLC	Box NOT acceptable)	
Name:			_
Name:	111 NE 1st St, 8th Floor Suite #88592		-
Name:	Miami	 , Florida	
		, Florida	7.31 11. 10

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.

A. DIRECTORS			
☐ Chairman	Walt Walker Name:	□Chairman	Name: Claudia Frady
□Vice Chairman	Address:	□ Vice Chairman	Address:
Director	Tampa, Florida, USA 34638	Director	Las Vegas, Nevada, USA 89107
□President		President	
□Vice President		□ Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
CEO	Other	Other	Other
□ Chairman	Merlene Walker	□Chairman	Anil Midha
	18139 Atherstone TRL	□Vice Chairman	304 S. Jones Blvd NUM 755
■ Director	Address: Land O Lakes, Florida, USA 34638	■ Director	Las Vegas, Nevada, USA 89107
□President		President	
□Vice President		□Vice President	
■ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	EOther	Other
□Chairman	Viraj Parekh Name:	□Chairman	Name:
	304 S. Jones Blvd NUM 755	□Vice Chairman	
□Vice Chairman ■Director	Address:	□ Vice Chairman	Address:
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	Secretary	□Treasurer
□Other	Other	□Other	Other
	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep		
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lm. <u></u>	Signature of Dire	ctor or Officer	
she is aware that fa s.817.155, F.S. Walt Walker	ctor signing this document (and who is listed in malse information submitted in a document to the D	umber 11 above) affirms the department of State constitu	at the facts stated herein are true and that he or ites a third degree felony as provided for in
13			

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TRIBEFLOW INC." 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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRIBEFLOW INC."

WAS INCORPORATED ON THE TWENTIETH DAY OF JUNE, A.D. 2024.

OFFICE SHOW, AS OF THE TENTH DAY OF JANUARY, A.D. 2025.

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

Authentication: 202666050

Date: 01-10-25

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SR# 20250079733