F25000000909

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
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2025 FEB 14 AM 9: 59
SECRETARY OF STATE
FALL ATTASSEE FI FROM.

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FEB 1 3 2025 K. Brumbley

Sunshine State Corporate Compliance Company

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

DATE 02/14/2025	_				₩WALK IN#
ENTITY NAME Zap S	olutions Capital, Inc				
DOCUMENT NUMBER					
	**PLEASE FILE	THE ATTACHED	O AND RETURI	//* *	
<u>xxxxxxxxx</u>	Plain Copy Certified Copy Certificate of Statas	r			
*	*PLEASE OBTAIN THE	FOLLOWING FO	OR THE ABOVE	ENTITY**	
	Certified Copy of Ai Certificate of Good a				
	APOSTILLE'/	'NOTARIAL C	PERTIFICATIO	W	
COUNTRY OF DESTINA NUMBER OF CERTIFICA	 -				<u> </u>
TOTAL OWED \$70.00			51	120160000072	
Please call Tina at	the above number fo	r any issues	or concerns,	Thank you so	much!

· 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.

	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	O," "COMPANY," "CORPORAT	ION,"		
		La de la companya de	ating business in Florida		
	able in Florida, enter alternate corporate nam		cting dusiness in Florida)		
Delaware		33-3277325			
,	y under the law of which it is incorporated)	(FEI number, i	f applicable)		
02.04.202	25	Perpetual			
,	of incorporation)	(Date of duration, if oth	(Date of duration, if other than perpetual)		
02.13.202	25				
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.		bility)		
200 N. La	Salle Street, Suite 2360 C	hicago IL 60601			
	•	ffice street address)			
200 N. Las	Salle Street, Suite 2360 Chi	cago IL 60601			
	(Current mail	ling address, if different)	2025 FEB 14		
Name and street	et address of Florida registered agent: (P	.O. Box NOT acceptable)	一型		
Name:	Incorporating Services,	<u>Ltd.</u>			
ffice Address:	1540 Glenway Drive		M 9: 02		
	Tallahassee	, Florida 32301	02		
	(City)	(Zip code)			

Having been named as registered agent and to accept service of process for the above stated corporation 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.

> Devon Wheelock, Assistant Secretary (Registered agent's signature)

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	Name: Jack Mallers	□Chairman	Name:				
□Vice Chairman	Address: 200 N. LaSalle Street, Suite 2360	□Vice Chairman	Address:				
■Director	Chicago IL 60601	Director					
□President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	□Secretary		☐Treasurer			
≡Other CEO	Other	Other		Other			
□Chairman □Vice Chairman □Director	Name: Manuela Rios 200 N. LaSalle Street, Suite 2360 Chicago IL 60601	□Chairman □Vice Chairman □Director	Address:				
■President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary		Treasurer			
Other	Other	□Other		□Other			
□Chairman □Vice Chairman □Director	Name: Dylan Lieteau 200 N. LaSalle Street, Suite 2360 Chicago IL 60601	□Chairman □Vice Chairman □Director					
□President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	☐Secretary		Treasurer			
□Other	□Other	Other	<u>_</u>	Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 13. Jack Mallers, CEO							

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I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "ZAP SOLUTIONS CAPITAL, 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 OFFICE SHOW, AS OF THE THIRTEENTH DAY OF FEBRUARY,

A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZAP SOLUTIONS

CAPITAL, INC." WAS INCORPORATED ON THE FOURTH DAY OF FEBRUARY, A.D.

2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 202930914

C. G. Sanchez

Date: 02-13-25