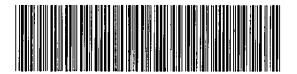
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(Requestor	's Name)
(Address)	
(Address)	
(//dd/033)	
-	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business I	Entity Name)
(Document	Number\
(Document	(Namber)
Certified Copies C	ertificates of Status
Special Instructions to Filing O	fficer;
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COVER LETTER

	tration Section					
SUBJECT:	Zi Social Inc.					
conduct.		Name of	corporation	- must incl	ude suffix	
Dear Sir or M	lađam:					
"Certificate o	f Existence," c		f Good Stand	ding" and c	heck are sub	et Business in Florida," omitted to register the
Please return	all correspond	ence concerning	this matter	to the follo	owing:	
Bozo Martinov	ic					
			Name of I	Person		
Zi Social Inc.						
·			Firm/Com	pany		·
3250 NE 1st A	ve Unit 305					
	·	-	Addre	ss		
Miami, FL 331	37					
	· · · · · · · · · · · · · · · · · · ·		City/State ar	nd Zip code	;	
bozomartino@	_					
	Ţ:	-mail address: (to be used fo	or future ar	inual report	notification)
For further in	formation con	cerning this mat	ter, please ca	all:		
Bozo Martinov	ic	aı	305	7134524 Daytime Telephone Number		
Nam	e of Person		Area Code	e Da	iytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			R D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	eck payable to:	Following amous FLORIDA DEP \$78.75 Filing Certificate of	ARTMENT Fee &	OF STATE S78.75 Fi Centified	ling Fee &	\$87.50 Filing Fee, Certificate of Status & Certified Copy

* 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.

Zi Social Inc.					
	orporation; must include "INCORPORATED," " orp," "Inc," "Co." or "Corp.")	COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate name ado	opted for the purpose of transacting bu	siness in Florida		
Delaware 2.	3. 333094499				
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
1/15/2025	5				
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)			
6. 1/31/2025					
7	Unit 305 Miami Florida 33137 (Principal office	street address)			
	(Current mailing a	ddress, if different)			
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. E	Box <u>NOT</u> acceptable)	533 000		
Office Address:	7901 4th St N STE 300	_	- t-		
	St. Petersburg	, Florida 33702	<u>-</u> :		
	(City)	(Zip code)	:- 28		

9. Registered agent's acceptance:

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.

(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:	□Chairman	Name: Bozo Martinovic	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	8 The Green STE B	Director	8 The Green STE B	
□President	Dover DE 19901	President	Dover DE 19901	
□Vice President		□ Vice President		
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	□Other	□Other	Other	
□Chairman	Name:	□Chairman	Name: Bozo Martinovic	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	8 The Green STE B	□Director	8 The Green STE B	
□President	Dover DE 19901	□President	Dover DE 19901	
□Vice President		□Vice President		
□Secretary	XiTreasurer	Secretary	Treasurer	
□Other	□Other	Other	Other	
□Chairman	Name:	☐Chairman	Name:	
□Vice Chairman	Address:	□Vice Chaiπnan	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	Other	□Other	Other	
	Jse an attachment to report more than six (6). The a added to the index when filing your Florida Departs			

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.

Bozo Martinovic, Director of Zi Social Inc.

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ZI SOCIAL 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 SEVENTEENTH DAY OF JANUARY, A.D. 2025.

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

WAS INCORPORATED ON THE FIFTEENTH DAY OF JANUARY, A.D. 2025.

Authentication: 202726463

Date: 01-17-25