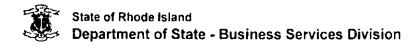
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Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby						
applies for a Certificate of Authority to transact business in the State of Rhode Island, and						
for that purpose submits the following statement: 1. The name of the corporation is.						
The figure of the corporation is.						
Treez Inc.						
2. It is incorporated under the laws of:						
Delaware						
3. The name, if different, which it elects to use in Rhoge Island is:						
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:						
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:						
4. The date of its incorporation is: 5-16-2016						
And the period of its duration is: CHECK ONE BOX ONLY						
X Perpetual (on-going)						
Date certain for dissolution						
5. The address of its principal office is:						
548 Market Street #97004, San Francisco, CA 94104						
6. The name and address of the initial registered agent/office in Rhode Island:						
Agent Name Voorp Agent Services, Inc.						
Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A						
City/Town East Providence	State RHODE ISLAND	Zip Code ()29	14			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 100- Revised 3/2023

7. The purpose or purpo	oses which it proposes to pursi	ue in the transaction of t	ousiness in Rhode Island are:		
• P.	rincipal business activity: Po	oint of Sale Software			
8. (a) The names and restate or country of which		ctors (optional, unless d	irectors are required under the laws of the		
NAME		A	DDRESS		
		 .	Check the box to indicate an attachment		
8 (b) The names and re	espective addresses of its princ	cipal officers (mandatory	of directors are not required under the laws		
	f which it is incorporated):	sipal ciliocio (manadio)			
OFFICE	NAME		ADDRESS		
PRESIDENT	Ę.		548 Market Street #97004, San Francisco, CA 94104		
VICE PRESIDENT	Haimeng Yang	J40 Market	Street #97004, Sail Trancisco, CA 94104		
VICE PRESIDENT					
TREASURER					
SECRETARY					
SEUREIART	Haimeng Yang	Haimeng Yang 548 Market Street #97004, San Francisco, CA 941			
			Check the box to indicate an attachment		
9. The aggregate number par value, and series, if		rity to issue; itemized by	y classes, par value of shares, shares without		
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE		
46,710,192	Common		.0001		
					
40 4			of the accounts of the corporation to be		
located within this state	during the following year bears ever located. (Note: Percentag	s to the value of all prop	of the property of the corporation to be erty of the corporation to be owned during leef.)		
0 %					
11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet)					
%					

12. This application must be accompanied by a <u>Certificate of Good</u> formation dated within 60 days of the date of this filing.	od Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHEC	K ONE BOX ONLY
X Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from	m the date of filing)
14. Under penalty of perjury, I declare and affirm that I have exameny accompanying attachments, and that all statements contains	·
Type or Print Name of Authorized Officer	Date
Haimeng Yang	11-17-2023
Signature of Authorized Officer of the Corporation	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TREEZ 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 TWENTY-FIRST DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TREEZ INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF MAY, A.D. 2016.

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

Authentication: 203522871

Date: 05-21-24

6043285 8300 SR# 20242311284 RI SOS Filing Number: 202454783430 Date: 5/22/2024 12:23:00 PM



I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

May 22, 2024 12:23 PM

Gregg M. Amore Secretary of State

Treg M. Coure

