

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:					
Zipongo, inc.					
2. It is incorporated under the laws of: Delawa	re				
3. The name, if different, which it elects to use in Rh	ode Isla	and is:			
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation therecabove 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: 10/15/2004					
And the period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going)					
Date certain for dissolution					
5. The address of its principal office is:	•				
595 Pacific Ave, FL 4 San Francisco, CA 94133					
6. The name and address of the initial registered ago	ent/offic	e in Rhode Island:			
Agent Name Incorporating Services, Ltd.					
Street Address (NOT a P.O. Box) 222 Jefferson Blvd. Suite 200					
City/Town Warwick	State	RHODE ISLAND	Zip Code 02888		

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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8. (a) The names and r state or country of which			directors (or	otional, unless di	rectors are required under the laws of the		
NAME					ADDRESS		
Jason Langheier	r 595 Pacific Ave, F		L 4 San Francisco, CA 94133				
Matt Hobart	itt Hobart 595 Pacific Ave, F		L 4 San Francisco, CA 94133				
Frank Williams	ink Williams 595 Pacific Ave, F		fic Ave, F	FL 4 San Francisco, CA 94133			
Tom Verghese	om Verghese 595 Pacific Ave, F		fic Ave, F	L 4 San Francisco, CA 94133			
					Check the box to indicate an attachment		
8. (b) The names and roof the state or country	•		principal offi	cers (mandatory	if directors are not required under the laws		
OFFICE		NAME		ADDRESS			
PRESIDENT	Kurt Knight	Kurt Knight		595 Pacific Ave, FL 4 San Francisco, CA 94133			
VICE PRESIDENT	Milo Kraste	Milo Krastev		595 Pacific Ave, FL 4 San Francisco, CA 94133			
TREASURER	Alexandra Frey		595 Pacific Ave, FL 4 San Francisco, CA 94133				
SECRETARY	Cecile Abramowicz		595 Pacific Ave, FL 4 San Francisco, CA 94133				
				•	Check the box to indicate an attachment		
9. The aggregate number par value, and series, i			uthority to is	ssue; itemized by	classes, par value of shares, shares without		
NUMBER OF SHARES	CLAS	S		SERIES	PAR VALUE OR STATE NO PAR VALUE		
300,000,000	Common	1			\$0.0001		
13,456,641	Preferred	Preferred A			\$0.0001		
13,245,049	Preferred	Preferred B1			\$0.0001		
17,547,341	Preferred B			\$0.0001			
	during the follo rever located. (a	owing year b	pears to the	value of all prope	of the property of the corporation to be erty of the corporation to be owned during eet.)		

12. This application must be accompanied by a Certificate of Good Stormation dated within 60 days of the date of this filing.	Standing/Letter of Status from the state or country of		
13. Date when the Certificate of Authority will be effective: CHECK C	ONE BOX ONLY		
✓ Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
14. Under penalty of perjury, I declare and affirm that I have examine any accompanying attachments, and that all statements contained h	• • • • • • • • • • • • • • • • • • • •		
Type or Print Name of Authorized Officer	Date		
Alexandra Frey, Controller	07/17/2025		
Signature of Authorized Officer of the Corporation Signed by: ULPANARA FI	ry		

Attachment

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

Name	Address
Rasu Shrestha	595 Pacific Ave, FL 4 San Francisco, CA 94133
Kurt Knight	595 Pacific Ave, FL 4 San Francisco, CA 94133

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
5,075,711	Preferred	C1	
29,532,679	Preferred	С	
12,644,356	Preferred	C2	
116,000,000	Preferred	D	

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Delaware The First State

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

OF DELAWARE, DO HEREBY CERTIFY "ZIPONGO, 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-NINTH DAY OF JULY, A.D. 2025.

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

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

WAS INCORPORATED ON THE FIFTEENTH DAY OF OCTOBER, A.D. 2004.

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

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 204320643

C. G. Sanchez

Date: 07-29-25

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