RI SOS Filing Number: 202208992150 Date: 1/31/2022 12:22:00 PM



Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, 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:



for that purpose submits the following statement:				
1. The name of the corporation is: 🚱		•		
Funnel Leasing, Inc.				
It is incorporated under the laws of: Delaware	•			
3. The name, if different, which it elects to use in Rh	ode Island is:	<u> </u>		
(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: 6/6/2011				
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:				
16540 Pointe Village Drive, Suite 206, Lutz, FL 33558				
6. The name and address of the initial registered agent/office in Rhode Island:				
Agent Name Corporation Service Company				
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Boulevard, 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 JAN 3 1 2022 3 4 2 2074 2 2074

FORM 150 - Revised: 12/2017

Funnel Leasing is a Scommunicate information advertising websites. tours in addition to en	aas company ation in real ti We allows us abling users	Its web-based me, as well as ers to centralize to analyze the	platform enables ov allows them to upda se leads, conduct om data and track leasin	
8. (a) The names and restate or country of which	spective addre i it is incorpora	esses of its directed):	tors (optional, unless o	directors are required under the laws of the
NAME		ADDRESS		
Tyler Christiansen		16540 Pointe Village Dr, Suite 206, Lutz, FL 33558		
				Check the box to indicate an attachment
8. (b) The names and re of the state or country of			ipal officers (mandato	ry if directors are not required under the laws
OFFICE		NAME		ADDRESS
PRESIDENT				
VICE PRESIDENT				
TREASURER				
SECRETARY				
				Check the box to indicate an attachment
The aggregate number par value, and series, if			rity to issue; itemized t	by classes, par value of shares, shares without
NUMBER OF SHARES	CLAS	s	SERIES	PAR VALUE OR STATE NO PAR VALUE
				see exhibit 1 attached
10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)				
%				
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. (<i>Note: Percentage obtained from worksheet.</i>)				
.5 %			. (, , , , , , , , , , , , , , , , , , ,	

Exhibit 1: Aggregate number of shares authorized

Class	Series	Par	Number of Shares
Common		0.00001	119,740,000
Preferred	A-1	0.00001	5,025,131
Preferred	AA	0.00001	21,088,561
Preferred	Α	0.00001	4,818,503
Preferred	В	0.00001	17,455,462
Preferred	Seed	0.00001	3,241,150
Preferred	A-2	0.00001	24,077,512

12. This application must be accompanied by a <u>Certificate of</u> formation dated within 60 days of the date of this filing.	Good Standing/Letter of Status from the state or country of			
13. Date when the Certificate of Authority will be effective: C	HECK ONE BOX ONLY			
□ Date received (Upon filing) □ Later effective date (Date must be no more than 90 days from the date of filing)				
Type or Print Name of Authorized Officer	Date			
Tyler Christiansen	1/10/2022			
Signature of Authorized Officer of the Corporation SIGN DOCU	JMENT HERE			

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FUNNEL LEASING, 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 FOURTH DAY OF NOVEMBER, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FUNNEL LEASING, INC." WAS INCORPORATED ON THE SIXTH DAY OF JUNE, A.D. 2011.

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

Authentication: 204604396

Date: 11-04-21

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I, NELLIE M. GORBEA, 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:

January 31, 2022 12:22 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

