

CERTIFICATE OF INCORPORATION

SECRETARY OF THE STATE OF CONNECTICUT

STOCK CO	ORPORATIC	N						
FILING PA	ARTY(CONFI	RMATION WILL B	E SENT TO THIS AD	DRESS)				
Address: City: State: Country: 1. NAME OF SEABRIDO 2. TOTAL NU 10000 IF THE CO	WILMINGTON DE CORPORATIO GE FINTECH IN JMBER OF AU	ST SUITE 1200 V Zip: 198 N: C THORIZED SHARES	S: IE CLASS OF SHARES	FIL	VOL E-00 ED ON 06 RY OF THI	07370883 PG 1 0174 PAGE 033 5/11/2021 09:0 E STATE OF CO	9 1 AM NNECTICUT	
CLASS	6			NUMB	ER OF SH	ARES PER CLAS	S:	
com	mon			10000				
	IMITATIONS, R SEN. STAT. SEC		AND PREFERENCES O	F EACH CLA	SS OF SHAR	ES AND SERIES TH	EREOF PURSUANT	
4. NAICS		ic, and Technical S		NAICS SUI 541511 (Cu		uter Programming S	ervices)	
5. APPOINTMENT OF REGISTERED AGENT: [PLEASE SELECT ONLY ONE (A OR B) AND PRINT OR TYPE NAME OF AGENT.] A. INDIVIDUAL'S AGENT NAME: PEIPEI WU								
	ADDRESS:(P.O 27 CAMDEN MILFORD CT USA		BLE) 06461	RESIDENCE Address: City: State: Country:	•		ABLE) 06461	
MAILING AD	•	I RED) (P.O. BOX A	CCEPTABLE)					

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SECRETARY	OF	THE	STATE	OF	CONNECTICUT
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B: BUSINI	ESS ENTITY:							
BUSINESS /	ADDRESS		CT MAILING AD	CT MAILING ADDRESS (P.O. BOX ACCEPTABLE)				
Address:	NONE			ONE				
City:			City:					
State:	Zip:		-	State: Zip:				
Country:			Country:		Σ ιρ.			
			-					
SIGNATURE	ACCEPTANCE OF APPO OF AGENT: PEIPEIWU	DINTMENT [This d	ocument has been exe	ecuted and filed electronic	cally]			
6. ELECTIO	N OF BENEFIT CORPORATION ST	ATUS(MUST chec	k box if applicable.):					
corp If th	Corporation elects to be a Benefit C poration shall also have the purpose t e corporation also seeks to have one st set forth the specific public benefit(o create a general	public benefit as define public benefit(s) in addit	ed in the Connecticut Be tion to the general public	nefit Corporation Act. [NOTE:			
7. OTHER P	ROVISIONS:							
	ATION EMAIL ADDRESS - <u>REQUIR</u> DUNION@GMAIL.COM	<u>ED</u> : (IF NONE, MU	JST STATE "NONE.")					
9. INCORPO	RATORS:							
Name of Inc	orporator	Address of Incorporator						
JIAPING ZHAO Address: 8 WRIGHT STREET				ET				
		City:	WESTPORT					
		State:	СТ	Zip:	06880			
		Country:	USA					
	N - REQUIRED: (SUBJECT TO lectronically]	PENALTY OF	FALSE STATEM	IENT) [This docume	nt has been executed			
Dated Th	is <u>11</u>	Day Of June		, 2021				
NAME OF INCORPORATOR (print/type)				SIGNATURE (required)				
	JIAPING ZHAO			JIAPING ZHAO				