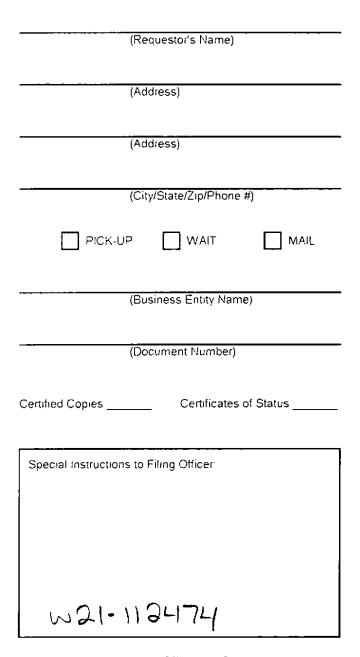
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When you need ACCESS to the world

CORPORATE ACCESS, _____

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

}	CERTIFIED COPY				
	РНОТОСОРУ		 		
]	CUS				
:	FILING	INC			
	CURVALUX, INC CORPORATE NAME AND DOCUM	MENT #)			
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COVER LETTER

TO:		stration Section ion of Corporations				
SHBJ	ECT:	CURVALUX INC.				
0000	2011		ime of corporation	n - must	include suffix	_
Dear S	ir or M	adam:				
"Certif	ficate o	"Application by Foreig f Existence," or "Certificed foreign corporation	cate of Good Sta	nding'' a	and check are sub	ct Business in Florida," omitted to register the
Please	return	all correspondence cond	erning this matte	r to the	following:	
CHAR	LIE LEI	E				
			Name of	Person		
CURV	ALUX I	INC.				
			Firm/Cor	npany		
1415 B	IRD RO	DAD				
			Addr	ess	******	
CORA	L GABI	LES, FL 33146				
			City/State a	ınd Zip	code	
charlie.	lee@air	spaceix.com				
		E-mail add	lress: (to be used	for futur	re annual report i	notification)
For fur	ther inf	formation concerning th	is matter, please	call:		
			at ()		
	Namo	e of Person	Area Cod	le	Daytime Telep	hone Number
	Regist Divisi The C 2415	EET/COURIER ADDI- tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite nassee, FL 32303			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Please r		_	A DEPARTMENT Filing Fee &	□ \$78.73	5 Filing Fee &	☐ \$87.50 Filing Fee.
		Certifica	ate of Status	Certif	ied Copy	Certificate of Status & Certified Copy

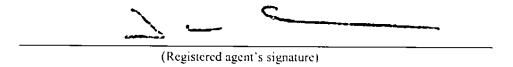
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

1. CURVALUX,	INC.						
	corporation; must include "INCORPORATI Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,				
(If name unavai	lable in Florida, enter alternate corporate na	me	adopted for the purpose of transacting	business	in Florid	<u></u>	
2 DELAWARE		3	N/A				
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)				
4. 12/31/2018		5.	N/A				
	e of incorporation)		(Date of duration, if other than perpetual)				
6. N/A							
237 SOUTH DIS		7.15	Florida, if prior to registration) 502, F.S., to determine penalty liability	·)			
7	·		ce <u>street</u> address)				
N/A							
_	(Current ma	ailin	g address, if different)			_	
				•	2021		
8. Name and stre	et address of Florida registered agent: (P.C	D. Box NOT acceptable)		2021 AUG		
Name:	CCS GLOBAL SOLUTIONS, INC.			•	3 7		
Office Address:	155 OFFICE PLAZA DRIVE];n];]. 	
	TALLAHASSEE		. Florida ³²³⁰¹		δ		
	(City)		(Zip code)		ပ်		

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.



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: Charlie Lee	□Chairman	Address: Flat B, 13/F/, Block 5		
□Vice Chairman	Address:	□Vice Chairman			
Director	1514 Bird Road	■Director			
□President	Coral Gables, FL 33146	□President	The Redhill Penninsula, 18 Pak Pat		
□Vice President		∏Vice Precident	Shan Road, HK		
☐Secretary	□ Treasurer	☐ Secretary	□Treasurer		
■Other	□Cther	□Other			
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	House B22	□Director			
□President	Regalia Bay, 88 Wong MA	□President			
□Vice President	Kok Rd, HK	□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer		
□Other	Other	□Other			
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:		Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer		
□Other	Other	□Other	Other		
individuals may be	Ise an attachment to report more than six (6). The attachment to the index when filing four Florida Department	nehment will be imaged cont of State Annual Re	d for reporting purposes only. Non-indexed port form.		
12.	Signature of Director	<u>ee</u>			
The officer or direct she is aware that fall s.817.155, F.S. Charlie Lee.	tor signing this document (and who is listed in numbers information submitted in a document to the Depar	er 11 above) affirms the	at the facts stated herein are true and that he or tes a third degree felony as provided for in		

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CURVALUX, 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 TWELFTH DAY OF AUGUST, 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 "CURVALUX, INC."

WAS INCORPORATED ON THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2018.

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

e at corp delaware gov/aut

Authentication: 203904375

Date: 08-12-21

7217764 8300 SR# 20212958736