Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000418375 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
45 E.)	·	

FOREIGN PROFIT/NONPROFIT CORPORATION CULLUM-USA INC.

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H23000418375

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	ECT: Cullum-US	A Inc.			
0010		Name of	corporation	- must include suffix	_
Dear Si	ir or Madam:				
"Certifi	icate of Existence		of Good Stand	Authorization to Transact ling" and check are subm s in Florida.	
Please	return all correspo	ndence concernin	g this matter	to the following:	
Ryan M	lills				
			Name of F	erson	
William	is Mullen				
			Firm/Comp	pany	· · · · · · · · · · · · · · · · · · ·
200 Sou	ith 10th Street, Suit	e 1600			
			Addre	SS	
Richmo	nd, VA 23219				
			City/State an	d Zip code	
rmills@	williamsmullen.com	n			
		E-mail address:	(to be used fo	or future annual report no	otification)
For fur	ther information o	oncerning this ma	tter, please ca	il:	
Кувп М	lills	ā	at (804 Area Code	420-6220	
	Name of Person		Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Se Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please n		to: FLORIDA DE: S78.75 Filing Certificate of	PARTMENT Fee & 🛚	OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA H23000418375

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.

(Enter name of c	orporation; must include '	"INCORPORATED," "C	COMPANY," "CORPORATION,"
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Cor	p.")	
/IS :19	II : pt · i		
	able in Florida, enter alter	nate corporate name adop	oted for the purpose of transacting business in Florida)
Virginia		3	(FEI number, if applicable)
9/28/2020	of incorporation)	5	(Date of duration, if other than perpetual)
(Date	of incorporation)		(Date of duration, if other than perpetual)
	(Date first t (SEE SECTION	transacted business in Flo S 607.1501 & 607.1502.	orida, if prior to registration) F.S., to determine penalty liability)
4860 Cox Road.	Suite 200 Glen Allen, Virg		rion to determine penanty monthly)
		(Principal office s	traat addrace)
		(i incipal office g	address)
		(Current mailing ad	drags if different)
	.	(Current mailing ad	dress, if different)
Name and stree	et address of Florida rea		
	et address of Florida reg	sistered agent: (P.O. B	
Name and street	et address of Florida reg Capitol Corporate Serv	sistered agent: (P.O. B	
Name:	_	sistered agent: (P.O. Berices, Inc. 2nd Floor	ox <u>NOT</u> acceptable)
Name:	Capitol Corporate Serv	sistered agent: (P.O. Berices, Inc. 2nd Floor	ox <u>NOT</u> acceptable)
Name:	Capitol Corporate Services 515 East Park Avenue, Tallahassee	sistered agent: (P.O. Berices, Inc. 2nd Floor	ox <u>NOT</u> acceptable)
Name: ffice Address:	Capitol Corporate Serv 515 East Park Avenue. Tallahassee	sistered agent: (P.O. Berices, Inc. 2nd Floor	
Name: ffice Address: Registered ag	Capitol Corporate Serv 515 East Park Avenue. Tallahassee (Cient's acceptance:	ristered agent: (P.O. Berices, Inc. 2nd Floor (ty)	ox NOT acceptable) , Florida 32301 (Zip code)
Name: ffice Address: Registered againg been name	Capitol Corporate Serventes 515 East Park Avenue. Tallahassee (Cient's acceptance: ed as registered agent in	sistered agent: (P.O. Berices, Inc. 2nd Floor ity) and to accept service of	ox NOT acceptable) , Florida 32301 (Zip code) f process for the above stated corporation at the place
Name: ffice Address: Registered againing been names ignated in this rther agree to c	Capitol Corporate Serventes 515 East Park Avenue. Tallahassee (Circuit's acceptance: ed as registered agent a application, I hereby a comply with the provision	sistered agent: (P.O. Berices, Inc. 2nd Floor ity) and to accept service of accept the appointment ons of all statutes relations.	ox NOT acceptable) , Florida 32301 (Zip code) f process for the above stated corporation at the place as registered agent and agree to act in this capacity, ive to the proper and complete performance of my due
Name: ffice Address: Registered age faving been namesignated in this arther agree to c	Capitol Corporate Serventes 515 East Park Avenue. Tallahassee (Circuit's acceptance: ed as registered agent application, I hereby a	sistered agent: (P.O. Berices, Inc. 2nd Floor ity) and to accept service of accept the appointment ons of all statutes relations.	ox NOT acceptable) , Florida 32301 (Zip code) f process for the above stated corporation at the place as registered agent and agree to act in this capacity, ive to the proper and complete performance of my due
Name: ffice Address: Registered age faving been namesignated in this arther agree to c	Capitol Corporate Serventes 515 East Park Avenue. Tallahassee (Circuit's acceptance: ed as registered agent a application, I hereby a comply with the provision	sistered agent: (P.O. Berices, Inc. 2nd Floor ity) and to accept service of accept the appointment ons of all statutes relations.	ox NOT acceptable) , Florida 32301 (Zip code) f process for the above stated corporation at the place as registered agent and agree to act in this capacity, ive to the proper and complete performance of my due
Name: office Address: Registered against been namesignated in this arther agree to c	Capitol Corporate Serve 515 East Park Avenue. Tallahassee (Circuit's acceptance: ed as registered agent a application, I hereby a comply with the provision with and accept the object.)	sistered agent: (P.O. Berices, Inc. 2nd Floor ity) and to accept service of accept the appointment ons of all statutes relations.	ox NOT acceptable) , Florida 32301 (Zip code) f process for the above stated corporation at the place as registered agent and agree to act in this capacity, ive to the proper and complete performance of my dispense registered agent.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS	\$		H23000418375	
Graham Thornton Name:		□ Chairman	Name: Mark R. Jansen	
□Vice Chairman	Address: 5 Queensholme	□Vice Chairman	Address: The Grange, Henry Street	
□Director	Pittville Circus RD, Cheltenham	□Director	Ripley, GL52 2QE, GBR	
☐President Gloucestershire, GL52 2QE, GBR		■ President		
□Vice President		□Vice President		
□Secretary	☐ Treasurer	☐ Secretary	Treasurer	
□Other	Other	Other	Other	
□Chairman	Name: Michael Stuart	□ Chairman	Jordan Moran Name:	
□Vice Chairman	Address: 23 Maythorn Close	□Vice Chairman	Address: 1794 Taylor Road Crozier, VA 23039	
□Director	West Bridgeford, Nottinghamshire			
□President	NG2 7TE, GBR	□ President		
□Vice President		□Vice President		
Secretary	■ Treasurer	Secretary	□ Treasurer	
□Other	Other	Other VP of Ope	erations Other	
□Chairman	Name: Kevin McEneny	□ Chairman	Name:	
□Vice Chairman	5 Whitworth Meadow.	□Vice Chairman		
☐ Director	Spennymoor County, Durham,	☐ Director	Address.	
☐ President	DL16BH7, GBR	□President		
□Vice President		□Vice President		
☐Secretary	□Treasurer	Secretary	□ Treasurer	
Other VP of Sa	les	Other		
individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Department	tachment will be imaged nent of State Annual Rep	for reporting purposes only. Non-indexed port form.	
12.	Signature of Director	or Officer		
TL 60 11				
the officer of direct she is aware that fa	ctor signing this document (and who is listed in numb alse information submitted in a document to the Depa	er 11 above) attirms the riment of State constitut	it the facts stated herein are true and that he or es a third degree felony as provided for in	

s.817.155, F.S.

Communication althor Hirginian



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Cullum-USA Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on September 28, 2020;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

December 7, 2023

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2023120719563769

H23000418375