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(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

08/29/2025

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Name:	Kinetico Inco	orporated	
Document #:			
Order #:	16516007		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
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Thank you!

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	VDETTCO DIGGODO	ED		
30001		of corporation	- must include suffix	
Dear Si	r or Madam:			
"Certifi	closed "Application by Foreign Co cate of Existence," or "Certificate eferenced foreign corporation to to	of Good Stan	ding" and check are submi	Business in Florida," tted to register the
Please r	return all correspondence concerni	ing this matter	to the following:	
GERAI	NT HARRIES		•	
		Name of I	Person	
KINETI	ICO INCORPORATED			
		Firm/Com	pany	
10845 K	Linsman Road Newbury			
		Addre	SS	
Ohio 44	065			
		City/State ar	d Zip code	
legal@k	rinetico.com			
	E-mail address	: (to be used for	or future annual report noti	fication)
For furti	her information concerning this m	atter, please ca	all:	
Geraint 1	Harries	a. (44	7707861144	
	Name of Person	at (Area Code	Daytime Telephor	ne Number
•	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADD Registration Sect Division of Corpo P.O. Box 6327 Tallahassee, FL.	ion orations
Please ma	d is a check for the following amo ake check payable to: FLORIDA DE 100 Filing Fee	PARTMENT 6 Fee &	*-* ·····	☐ \$87.50 Filing Fee, 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.

(If name unavailal	ole in Florida, enter alternate corporate name	adopted for the purpose of transacting l	business in Florida)	
Delaware	3.	3. 34-1059404		
(State or country	under the law of which it is incorporated)	(FEI number, if appli	icable)	
22 DECEMBER	,			
(Date o	of incorporation)	(Date of duration, if other than perpetual)		
		n Florida, if prior to registration)	<u></u>	
10945 Vinemen B		502, F.S., to determine penalty liability	,	
TOO43 KIIISIIIAII K	oad Newbury, Ohio 44065	ice street address)		
	(rincipa: on	ice <u>street</u> address)	2025 AUG 29	
	(Current maili	ng address, if different)		
	`		5	
Name and street	address of Florida registered agent: (P.	O. Box NOT acceptable)	29	
Name:	C T Corporation System		_	
Name:	1200 South Pine Island Road		AH 9: 5	
ffice Address:	1200 South Pine Island Road		<u>.</u>	
	Plantation	FL 33324	2	
	(City)	(Zip code)		
aving been name esignated in this ether agree to co	nt's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint mply with the provisions of all statutes with and accept the obligations of my po	ment as registered agent and agree relative to the proper and complete	to act in this capacity. I	
	C T Corporation System	R Broderick		
	- ·			

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

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 Name: Francesco Lucciola Chairman □ Chairman 155 Spring St, 155 Spring St □Vice Chairman Address: □Vice Chairman Address: 6th Floor New York, NY 10012 6th Floor New York, NY 10012 Director ■ Director □President □President □Vice President □Vice President ☐ Secretary □Treasurer ☐ Secretary ☐Treasurer Other ___ Other____ Other_ □Other ____ Name: Kevin Kerns Chad McDaniel □Chairman □ Chairman Address: ___ 155 Spring Street □Vice Chairman □Vice Chairman Address: 6th Floor New York, NY 10012 6th Floor New York, NY 10012 ■ Director Director □ President □ President □Vice President ■ Vice President ☐ Secretary ☐ Treasurer □Secretary ☐Treasurer □Other _ □Other _____ Other____ ☐ Other _____ _ _ _ _ _ Ana Garcia □ Chairman □ Chairman Name: ___ □ Vice Chairman Address: 10845 Kinsman Road ☐Vice Chairman Address: Newbury, Ohio 44065 Director □ Director ■President □President □Vice President ■ Vice President ☐ Secretary ☐Treasurer Secretary ■ Treasurer Other. □Other _____ Other___ Other ___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. GERAINT HARRIES - GENERAL COUNSEL

(Typed or printed name and capacity of person signing application)

Page 1

Delaware

The First State

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

OF DELAWARE, DO HEREBY CERTIFY "KINETICO INCORPORATED" 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-EIGHTH DAY OF AUGUST, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Charuni Patibanda-Sanchez, Socretary of State

C. G. Sancher

Authentication: 204607775

Date: 08-28-25