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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077

: (845)818-3588 Fax Number

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

Email Address: statenotices@vcorpservices.com

FOREIGN PROFIT/NONPROFIT CORPORATION

EolianVR Inc.

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

From: Vcorp Services, Lt

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.

	orporation, must include "INCORPORATED," " orp," "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION,"		
·				
	ble in Florida, enter alternate corporate name add	pted for the purpose of transacting bus	iness in Florida)	
New Jersey 3. (State or country under the law of which it is incorporated)		(FEI number, if applical	(er) to 2 . Padd	
4/16/2016	of incorporation) 5.	(Detroit & January 16 other than a		
	of incorporation)	(Date of duration, it other than p	erpetuar)	
Upon filing	(Date first transacted business in F	Luide (Carine to environtion)		
	(SEE SECTIONS 607.1501 & 607.1502		2	
1830 Oak Trail E	ast, Unit 108, Clearwater, FL 33764		2021	
	(Principal office	street address)		
	(Current mailing a	ddress, if different)	-T7	
			PH 4:	
. Name and stree	t address of Florida registered agent: (P.O. I	3ox NOT acceptable)		
Name:	Vcorp Services, LLC		The on	
Name,	5011 South State Road 7, Suite 106	_		
office Address:	3011 South State Road 7, Suite 100	_		
	Davie	, Florida		

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.

Miriam Nachison
Assistant Secretary

(Registered agent's signature)

^{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.

To: 18506176353 Page: 3 of 4 2021-07-14 01:43:24 UTC 18886118813 From Vcorp Services, I

OccuSign Envelope ID: 89709913-0A28-4502-812C-0F4FDF53A94D

A. DIRECTORS					
□Chairman	Michael McCormack Name:	□Chairman	Name: John Cannizzaro		
□Vice Chairman	Address: 1830 Oak Trail East, Unit 108	□Vice Chairman	Address: 110 First Street, Apt. 28M		
■Director	Clearwater, FL 33764	■Director	Jersey City, NJ 07302		
■President		□President			
□Vice President		□Vice President			
□Secretary	El Treasurer	■ Secretary	DT reasurer		
☐Other	□Other	□Other			
□Chairman	Michael Simmons	I Chairman	Michael Havenick		
	2305 Queensdale Drive	□ Vice Chairman	401 NW 38TH CT		
Director	Cornellius, NC 28031	Director	Miami, FL 33126		
□President		□President			
□ Vice President		□ Vice President			
☐ Secretary	Treasurer	□Secretary	□Treasurd 2		
□Other	Other	DOther	<u>-</u>		
□Chairman	Name:	□Chairman	Name: Rodney Jackson		
☐ Vice Chairman	Address: 29774 Sawmill Drive	□Vice Chairman	Address: 3629 Grand Ave. Suite 505 F		
Director	Dagsboro, Delaware 19939	Director	Miami, FL 33133 . 🔊		
ElPresident		ClPresident			
□Vice President		D Vice President			
□Secretary	□Treasurer	DSecretary	T 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. 12. Michael Michael 231a77990603435 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					
she is aware that f	alse information submitted in a document to the Depa	rtment of State constitu	ates a third degree telony as provided for in		

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

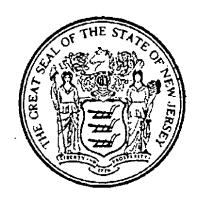
EOLIANVR INC. 0450068814

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on April 16, 2016.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

VCORP SERVICES, LLC 820 BEAR TAVERN ROAD WEST TRENTON, NJ 08628



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 13th day of July, 2021

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6121055903

Verify this certificate online at

https://www.Lstate.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp