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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	FCT: DELMAR SAFETY INC			
50 5 01		poration - must	nclude suffix	
Dear Si	ir or Madam:			
"Certifi	closed "Application by Foreign Corporal icate of Existence," or "Certificate of Go referenced foreign corporation to transac	ood Standing" ar	id check are subi	
Please	return all correspondence concerning thi	s matter to the f	ollowing:	
MERIH	l OZGUL			
	.N	ame of Person		
DELM	AR SAFETY INC			
	Fi	rm/Company		
8561 M	IOSLEY ROAD			
		Address		
HOUST	TON, TX 77075			
-	City	/State and Zip c	ode	
MERIE	I@DELMARSAFETY.COM			
	E-mail address: (to b	e used for futur	e annual report n	otification)
For fur	ther information concerning this matter,	please call:		
HERM	ES TROCHE at (B1 491-	8866	
	Name of Person A	rea Code	Daytime Teleph	none Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassec, F	DDRESS: ection orporations
Please n	ed is a check for the following amount: nake check payable to: FLORIDA DEPAR' .00 Filing Fee	& □ \$78.75	ATE Filing Fee & led Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

TY TY

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.

	-	opted for the purpose of transacting busi	ness in Florida)
TEXAS, USA	3. 47	7-3058473	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicab	ole)
02/03/2015	5. <u>P</u> I	ERPETUAL	
(Date	e of incorporation)	(Date of duration, if other than po	erpetual)
09-01-2021			
	(Date first transacted business in Fig. (SEE SECTIONS 607.1501 & 607.1502		
2375 CANOPY	CREEK WAY, APT. 403, LAND O LAKES, FLC	DRIDA 34639	
<u></u>	(Principal office	street address)	
SAME			:::
	(Current mailing a	iddress, if different)	
Name and stre	et address of Florida registered agent: (P.O. F	Box NOT acceptable)	9 <u>5</u>
Name and stre	et address of Florida registered agent: (P.O. E	Box <u>NOT</u> acceptable)	
		Box <u>NOT</u> acceptable)	SECTION STATE
Name:	LUIS MALDONADO	Box <u>NOT</u> acceptable) , Florida 34639	3377 - 37.57 3377 - 37.57 37.57

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 MERIH OZGUL Name: Name: □Chairman □ Chairman 8561 MOSLEY ROAD Address: _____ □Vice Chairman □ Vice Chairman Address: HOUSTON, TX 77075 □Director Director □President ■ President □Vice President □ Vice President □Treasurer □Secretary ☐ Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ □Chairman Name: □Chairman Name: _____ □ Vice Chairman ☐ Vice Chairman Address: Address: _____ □Director □ Director □President □President □Vice President ______ □Vice President ☐ Treasurer □Treasurer □Secretary ☐ Secretary □Other _____ □Other _____ □Other _____ □ Chairman □Chairman Name: _____ Name: _____ □Vice Chairman Address: ____ □Vice Chairman Address: ______ □Director □ Director □President □ President □Vice President □Vice President _____ □ Treasurer □Treasurer □ Secretary □ Secretary □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.

MERIH OZGUL

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



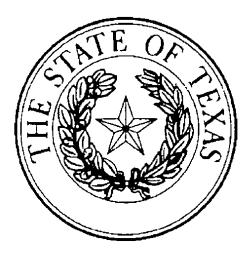
Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for DELMAR SAFETY INC (file number 802148944), a Domestic For-Profit Corporation, was filed in this office on February 03, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Scal of State at my office in Austin, Texas on August 24, 2021.



Jose A. Esparza
Deputy Secretary of State

Dial: 7-1-1 for Relay Services Document: 1074063830003

Phone: (512) 463-5555 Prepared by: SOS-WEB