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ro:

Division of Corporations

Fax Number : (850)617-6383

Fromt

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.,

Account Number : 075350000353 Phone : (888)221-2972

Fax Number : (917)243-5843

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

FOREIGN PROFIT/NONPROFIT CORPORATION SECURITY COMPASS ADVISORY US INC

Certificate of Status	Ú
Certified Copy	Ú
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OccuSign Enverope ID: 3C839E0F-2785-4357-9D7E-F0E71B13D8DC

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	EWITH SECTION 607, I 503, FLORIDA STA REIGN CORPORATION TO TRANSACT BU			
SECURITY CO	MPASS ADVISORY US INC			
(Enter name of o	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate name add	opted for the purpose of transacting bus	siness in Florida)	
5.577 - 111 (5.11				
(State or countr 10/08/2021	y under the law of which it is incorporated) 5.	(FEI number, if applica erpetual	ble)	
UPON FILING	or meorporation)	(17m) Of distantial, it conversation	perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, il prior to registration)		
8 LOMBADRY S	STREET #40201 NEWARK, NJ 07102			
	(Principal STREET #40201 NEWARK, NJ 07102	office address)		
	(Current mailing a	address, if different)		
8. Name and street	et address of Florida registered agent: (P.O. l	Box <u>NOT</u> acceptable;	21	
Name:	BlumbergExcelsior Corporate Services, Inc.		3	;
Office Address:	155 Office Plaza Drive, 1st Fl.		28	<u>іп</u>
571100 7744 314	Tallahassec	22701	21 RCT 28 PN 2: 46	
	(City)	(Zip code)	5	
designated in this further agree to c	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme, omply with the provisions of all statutes rela amiliar with and accept the obligations of n	nt as registered agent and agree to utive to the proper and complete p	e act in this capac	city. I
	Jose Mojioa, Ass.	istant Secretory		
	(Registered age	nt'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.

DocuSign Envelope ID: 3C839E0F-2785-4357-9D7E-F0E71813D8DC

11. Names and business addresses of officers and/or directors:

	ECTORS RICHARD LIU
	535 MADISON AVENUE 32ND FL NEW YORK NY 10022
Address:	
Vice Chai	innen:
Address:	
Director:	
B. OFF	
President:	RICHARD LIU
Address:	535 MADISON AVENUE 32ND FL NEW YORK NY 10022
Vice Presi	ident:
e	
Treasurer:	
Address:	
	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	Signature of Director of Officer
The officare true a	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein not that he or she is aware that false information submitted in a document to the Department of State constitutes agree felony as provided for in s.817.155, F.S.
DAM	VID REA - CFO
13	(Typed or printed name and capacity of person signing application)

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SECURITY COMPASS ADVISORY US 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 TWENTY-SIXTH DAY OF OCTOBER,

A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SECURITY COMPASS ADVISORY US INC." WAS INCORPORATED ON THE EIGHTH DAY OF OCTOBER,

A.D. 2021.

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

Authentication: 204516293

Date: 10-26-21

6283822 8300

SR# 20213618416

You may verify this certificate online at corp.delaware.gov/authver.shtml