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(Requestor's Name) (Address) (Address)	000376181050
(Ĉity/State/Zip/Phone #)	
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Incorporating Services, Ltd.	
1540 Glenway Drive	

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incserv

Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.incserv.com e-mail: accounting@incserv.com

ORDER FORM

FROM

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Florida Department of State
 The Centre of Tallahassee
 2415 North Monroe Street, Suite 810
 Tallahassee, FL 32303
 corphelp@dos.myflorida.com
 850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

in the second second

REQUEST_DATE 11/29/2021 **PRIORITY** Regular Approval

OUR REF # (Order ID#) 972701

ORDER ENTITY

PLEASE PERFORM THE FOLLOWING SERVICES:

CIRC, INC. (FL)

File the attached foreign qualification document and provide a certified copy.

NOTES:

\$78.75 Authorized Email address for annual report reminders: peter@circ.earth

RETURN/FORWARDING INSTRUCTIONS: ____

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

DocuSign Envelope ID: 8F75AC34-8CBF-4F3D-8881-7B39B80CE679

L. Circ, Inc.

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 unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Fiorida,	
Delaware	3.	•	
(State or counti	y under the law of which it is incorporated)	(FEI number, if applicable)	
10/29/202	15.		
(Date of incorporation)		(Date of duration, if other than perpetual)	
10/29/202	1		
2412 Irwin	Street, Melbourne, FL 32901	Fourtheast address)	
2412 Irwin	(Principal of	fice <u>street</u> address)	
2412 Irwin	(Principal of	ng address, if different)	
Name and <u>stree</u>	(Principal of	ng address, if different)	
	(Principal off (Current maili et address of Florida registered agent: (P.0	ng address, if different) O. Box <u>NOT</u> acceptable)	
Name and <u>stree</u> Name:	(Principal off (Current maili address of Florida registered agent: (P.0 Peter Majeranowski	ng address, if different)	

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.

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: 8F75AC34-8CBF-4F3D-8881-7B39B80CE679 A. DIRECTORS

Chairman Name: Peter Majeranowski	□Chairman N	Greg Curtis
□Vice Chairman Address: 2412 Irwin Street	□Vice Chairman 7	Address: 2412 Irwin Street
Director Melbourne, FL 32901	Director _	Melbourne, FL 32901
President	President _	
□Vice President	□Vice President	· · · ·
□Sccretary □Treasurer	□Secretary	Treasurer
©CEO □Other	DOther	Other
Conor Hartman	□Chairman N	Edward W. Scott, Jr.
□Vice Chairman Address: 2412 Irwin Street	□Vice Chairman - A	2412 Irwin Street
Director Melbourne, FL 32901	Director	Melbourne, FL 32901
President	President	
UVice President	□Vice President	
Secretary DTreasurer		
Chief Operating	Other	Other
DChairman Name:Luke Henning	□Chairman N	Jacob G. Jackson
□Vice Chairman Address: 2412 Irwin Street	□Vice Chairman #	Address:2412 Irwin Street
Director Melbourne, FL 32901	IDirector	Melbourne, FL 32901
President	President	
□Vice President	□Vice President _	
ISSecretary □Treasurer Chief Business	Secretary	[]Treasurer
© Si Other Officer, 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.

DocuSigned by: 12. Piter Majeranowski 8C8769419D404C8

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.

Peter Majeranowski, President/CEO 13.

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



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIRC, 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-NINTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CIRC, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2011.

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



Authentication: 204800286 Date: 11-29-21

5065796 8300

SR# 20213908404 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1