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	(Business Entity Name)	
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Special Instructions	to Filing Officer:	
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SSOS I S NAL T. LEMIEUX

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DOCUMENT NUMBER **PLEASE FILE THE ATTACHED AND RETURN** XXXXX Plain Copy Certified Copy Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status Certificate of Status Reflecting:	[N**
PLEASE FILE THE ATTACHED AND RETURN XXXXX Plain Copy Certified Copy Certificate of Status ***PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status	
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APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION	
NUMBER OF CERTIFICATES REQUESTED	
TOTAL OWED \$ 70 ACCOUNT # 120140000108 United Corporate Services, Inc. Please call Ting at the above number for any issues or concerns. Thank was so much!	ul

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: ARC AC	QUISITION CORP.			
30bjEC1	Name of	corporation -	must include suffix	.
Dear Sir or Madam:				
	ce," or "Certificate of	Good Standi	uthorization to Transact Bong" and check are submitted in Florida.	
Please return all corres	spondence concerning	this matter to	the following:	
MARCO VEGA				
		Name of Po	erson	
QUADRANT MANAG	EMENT LLC			
		Firm/Compa	any	
320 PARK AVENUE, 1	8TH FLOOR			
		Address	5	
NEW YORK, NEW YO	RK 10022			
	(City/State and	l Zip code	-
mvega@quadrantmgt.co				
-	E-mail address: (to be used for	future annual report notif	ication)
For further information	1 concerning this mat	ter, please cal	l:	
Cheryl Reynolds	at	(386	736-4890 ext. 367	
Name of Person		Area Code	Daytime Telephone	Number
Registration Se Division of Co The Centre of	orporations Tallahassee oc Street, Suite 810		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
Enclosed is a check for Picase make check payat		ARTMENT O		S87,50 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.

(Enter name of c	orporation; must include "INCORPORAT	ED," "CO	MPANY," "CORPORAT	rion,"	
	orp," "Inc," "Co," or "Corp.")				
(If name unavail	able in Florida, enter alternate corporate na	me adopt	ed for the purpose of transa	acting business in Florida)	
Delaware		3 87-3.	386913		
(State or countr	y under the law of which it is incorporated	. 	(FEI number, i	if applicable)	
October 28, 202	1	5.			
(Date	(Date of incorporation)		(Date of duration, if ot	her than perpetual)	
* 47	(Date first transacted busine				
	(SEE SECTIONS 607.1501 & 60				
810 Flightline Bl					
810 Flightline Bl	(SEE SECTIONS 607.1501 & 60 vd., Deland, FL 32724	7.1502, F		ability)	
810 Flightline Bh	(SEE SECTIONS 607.1501 & 60 vd., Deland, FL 32724	7.1502, F	S., to determine penalty lia		
810 Flightline Bl	(SEE SECTIONS 607.1501 & 60 vd., Deland, FL 32724 (Principal	7.1502, F office <u>str</u>	S., to determine penalty lia	22	
810 Flightline Bl	(SEE SECTIONS 607.1501 & 60 vd., Deland, FL 32724 (Principal	7.1502, F office <u>str</u>	.S., to determine penalty lia	22	
	(SEE SECTIONS 607.1501 & 60 vd., Deland, FL 32724 (Principal	7.1502, F office str	.S., to determine penalty lia eet address) ress, if different)	22 UH 20	
Name and stree	(SEE SECTIONS 607.1501 & 60 vd., Deland, FL 32724 (Principal (Current ma	7.1502, F office str	.S., to determine penalty lia eet address) ress, if different)	22 UH 20	
Name and street	(SEE SECTIONS 607.1501 & 60 vd., Deland. FL 32724 (Principal (Current material address of Florida registered agent: (7.1502, F office str	.S., to determine penalty lia eet address) ress, if different)	22	
Name and stree	(SEE SECTIONS 607.1501 & 60 vd., Deland. FL 32724 (Principal (Current material address of Florida registered agent: (United Corporate Services, Inc.	7.1502, F office str	.S., to determine penalty lia eet address) ress, if different)	22 UH 20	

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.

Maria R. Fischetti Secretary, United Corporate Services, Inc.

(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.

DocuSign Envelope ID: D6885AFD-E412-456D-B61B-4F0304BED07F

: A. DIRECTORS Weston Ouasha Name: Alan Quasha □ Chairman Chairman c/o Quadrant Management c/o Quadrant Management Address: □Vice Chairman Address: ☐ Vice Chairman 320 Park Avenue, 18th Fl 320 Park Avenue, 18th Fl Director ■ Director New York, NY 10022 New York, NY 10022 □President ☐ President □ Vice President ___ ☐ Vice President □ Treasurer □Treasurer □ Secretary □ Secretary □Other _____ □Other _____ Other ___ ☐Other _____ Name: ___ Name: _____ □ Chairman □ Chairman □Vice Chairman Address: _____ c/o Quadrant Management Address: _____Blockline Blvd. □ Vice Chairman 320 Park Avenue, 18th Fl Deland, FL 32724 Director □ Director New York, NY 10022 □ President □President □Vice President □Vice President _____ □ Secretary ☐ Treasurer ■ Secretary ☐ Treasurer □ Other _____ □Other _____ □Other _____ Other Name: _____ Name: ☐ Chairman Chairman ☐ Vice Chairman Address: _____ □ Vice Chairman Address: □ Director □ Director □ President □ President □ Vice President □ Vice President ____ ☐ Treasurer □Treasurer ☐ Secretary □ Secretary □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

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.

13. ___ Cheryl Reynolds, Secretary



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

DELAWARE, DO HEREBY CERTIFY "ARC ACQUISITION CORP." 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 TWELFTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARC ACQUISITION CORP." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2021.

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



Authentication: 202377951

Date: 01-12-22