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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (508)827-5300 Fax Number : (508)827-5501

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

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FOREIGN PROFIT/NONPROFIT CORPORATION

Clearlidz Inc.

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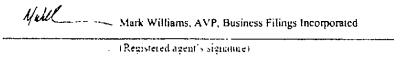
1022 PEB 18

From: Robert Evert

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 co Inc" "Co" "Co | aperation: must include "INCORPORATED." ap.," "Inc." "Co.," or "Corp.") | "COMP,ANY," "CORPORATION," | | |
|-----------------------------------|--|---|--------------------|--|
| Managaran | ble in Florida, enter alternate corporate name ac | lopted for the purpose of transacting by | isiness in Florida | 1) |
| Delaware | | 61-1904492 | | |
| | y under the law of which it is incorporated) | (FEI number, if applicable) | | |
| 10/5/2018 | | Perpetual | | |
| | of incorporation) | (Date of duration, if other than perpetual) | | |
| 01/01/2021 | | | | |
| | (Principal offic | e street address) | | ? |
| | | | - | |
| _ | . Curent mailing | address, if different) | | ···· , |
| Name and stree | er address of Florida registered agent: (P.O. | . • | E. | ; :- :- ::::::::::::::::::::::::::::: |
| Name and <u>stree</u> | • | . • | Ti di | === |
| Name; | er address of Florida registered agent: (P.O. | . • | E S | === |
| | et address of Florida registered agent: (P.O. Business Filings Incorporated | . • | THE STATE OF THE | |

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.

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and or directors [up to six (6) total].

| A. DIRECTORS | | | | | | |
|--|----------------------------|------------------------|----------------------------|--|--|--|
| II Chainnan | Nature: Philip Prather | ©Chamman - | Name. | | | |
| □Vice Chairman | Address: | ©Vice Chainnan | Address: | | | |
| ☐Director | 26 Wembley Ave. | ⊕Director | | | | |
| ≭ President | Unionville, Ontario L3R2A9 | ⊕ President | | | | |
| ∐Vice President | | _Vice President | | | | |
| Secretary | _Treasurer | DSecretary: | Treasurer | | | |
| _Other | Other | ☐ Other | | | | |
| | , | · | | | | |
| _iChairman | Name Philip Prather | □ Chairman | Name. Philip Prather | | | |
| TVice Chainnan | Address; | ∐Vice Chairman | Address: | | | |
| II Director | 26 Wembley Ave. | □Director [*] | 26 Wembley Ave., | | | |
| DPresident | Unionville, Ontario L3R2A9 | _President | Unionville, Ontario L3R2A9 | | | |
| _Vice President | | ≟Vice President | | | | |
| X Secretary | Pressure | Secretary | Mieasmei | | | |
| _Other | COther | Cother | | | | |
| | • | | • | | | |
| II Chainnan | Name: Philip Prather | ∐ Chainnau | Name: | | | |
| □Vice Chainman | Address. | ∰Vice Chairman | Address: | | | |
| <u>X</u> Director | 26 Wembley Ave., | □Director | | | | |
| II President | Unionville, Ontario L3R2A9 | ☐ President | | | | |
| □Vice President | | ©Vice President | | | | |
| _ Secretary | _2 Treasurer | | _Treasuer . | | | |
| | Other | ⊴Other | Other | | | |
| important Notice Use an apachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals maybe added to the index often filing your Florida Department of State Annual Report form. 12. Signature of Director of 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 talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in 3.817.155, F.S.

Philip Prather, President

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "CLEARLIDZ 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-EIGHTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

e at corp.delaware.gov/authy

Authentication: 202524110

Date: 01-28-22