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COVER LETTER

TO:	O: Registration Section Division of Corporations					
SUBJ	ECT: Celtic Cross Holdings	, Inc.				
3000	<u> </u>	Name of corporation	- must include suffix			
Dear S	ir or Madam:					
"Certif	closed "Application by Fore icate of Existence," or "Cert referenced foreign corporation	ificate of Good Stand	ding" and check are subm			
Please	return all correspondence co	oncerning this matter	to the following:			
Joseph	G. McCormick					
	, ————————————————————————————————————	Name of I	Person			
Celtic (Cross Holdings, Inc.					
		Firm/Com	pany			
8961 E	. Bell Road, Suite 101					
		Addre	SS	•		
Scottso	lale, AZ 85260					
		City/State ar	nd Zip code	<u> </u>		
bronwy	n.mccormick@celtic.bz					
-	E-mail a	iddress: (to be used fo	or future annual report no	tification)		
For fur	ther information concerning	this matter, please ca	all:			
Joseph	G. McCormick	at (_) 390-0083 Daytime Telepho			
	Name of Person	Area Code	Daytime Telepho	one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please	-	DA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 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.

Celtic Cross Ho	ldings, Inc.		
(Enter name of c	orporation; must include "INCORPORATED." "Corp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATIO!	V."
(If name unavails	able in Florida, enter alternate corporate name ado	pted for the purpose of transactin	ng business in Florida)
Arizona	3		
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	oplicable)
4. January 3, 2003	5.		
(Date	of incorporation) 5	(Date of duration, if other	than perpetual)
6			
	(Date first transacted business in Florist (SEE SECTIONS 607.1501 & 607.1502)	orida, if prior to registration) F.S., to determine penalty liabili	ity)
7 8961 E. Bell Roa	d, Suite 101 Scottsdale, AZ 85260		
	(Principal office s	treet address)	
	(Current mailing a	ddress, if different)	
	m gillimin incrince)		75.5
8. Name and stree	et address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	Eco.
Name:	Registered Agent Solutions, Inc.	_	SECNENSSE SERV
Office Address:	155 Office Plaza Dr., Suite A		
	Tallahassee	Florida	Or F
	(City)	(Zip code)	高い 5
Having been nam designated in this further agree to c	ent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relative with and accept the obligations of my position.	t as registered agent and agrative to the proper and completion as registered agent.	ee to act in this capacity.
_	(Registered agent's signa		·
	(registered agent a signa		

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 Joe McCormick Samir Nayak Chairman Name: □ Chairman Name: 8961 E. Bell Road, #101 8961 E. Bell Road, #101 □Vice Chairman Address: □Vice Chairman Address: Scottsdale, AZ 85260 Scottsdale, AZ 85260 □ Director □Director ■President □President ☐ Vice President □ Vice President Treasurer □ Secretary ☐Treasurer ■ Secretary Other _____ □Other _____ ☐ Other ______ ☐Other _____ □ Chairman Name: □ Chairman Name: _____ □Vice Chairman Address: □ Vice Chairman Address: ______ □ Director □ Director □President □ President □ Vice President _____ ☐ Vice President □ Secretary □ Treasurer ☐ Secretary □ Treasurer □Other _____ □Other ____ □Other _____ □Other _____ □Chairman Name: □ Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: □Director □ Director □President □President □Vice President _____ □ Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other □Other _____ ☐ Other _____ □Other ____ Important Notice: Use an attachment of the port more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when tiling your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director rigning 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.

Joe McCormick, President





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

1, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

CELTIC CROSS HOLDINGS, INC.

ACC file number: 10507530

was incorporated under the laws of the State of Arizona on 01/03/2003;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. I have bereunto set my hand, affixed the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 04/15/2022

Matthew Neubert. Executive Director



