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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:	

FOREIGN PROFIT/NONPROFIT CORPORATION

Safetycam Corporation

Certificate of Status	1
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5.

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Corporate Filing Menu

S. ROBERTS Help

MAY 1 8 2022

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.

1.	CORPORATION		
(Enter name of a "Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,	
Delaware	able in Florida, enter alternate corporate name ad	8-2310580	
(State or country under the law of which it is incorporated May 13, 2022		(FEI number, if appl	
	(Date first transacted business in F		nan perpetual)
1311 14th Terrac	e, Miami Beach, FL 33139	2, F.S., to determine penalty liability office address)	·)
	(Current mailing	address, if different)	28822
. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. NRAI Services, Inc.	Box NOT acceptable)	2822 HAY 18 TALLAHA
Office Address:	1200 South Pine Island Road	-	A. A.
		, Florida	<u>.</u>
	(City)	(Zip code)	; 9

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.

By: Kithy Vicare assistant Secretary
(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.

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

nnan:	ECTORS William Harris
	1311 14th Terrace, Miami Beach, FL 33139
Chai	rman:
-	
tor:	
or:	
FFI	CERS
ent:	William Harris
	13)1 14th Terrace, Miami Beach, FL 33139
-	
resio	lent:
_	Material Andrews
ıry;	William Harris
i 19: _	1311 14th Terrace, Miami Beach, FL 33139
rer:	William Harris
is: _	311 14th Terrace, Miami Beach, FL 33139
G: 11	f pecassary, you may attach an addendum to the application listing additional officers and/or directors. William Harris
	Signature of Director or Officer
e an	r or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein Id that he or she is aware that false information submitted in a document to the Department of State constitute gree felony as provided for in s.817.155, F.S.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SAFETYCAM CORPORATION" 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 SEVENTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAFETYCAM CORPORATION" WAS INCORPORATED ON THE THIRTEENTH DAY OF MAY, A.D. 2022.

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

Authentication: 203454956

Date: 05-17-22

6796996 8300 SR# 20222081332