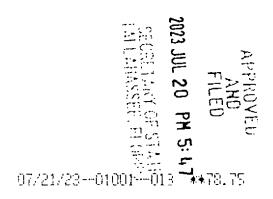
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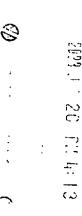
	(Requestor's Name)	
	(Address)	
1	(Address)	u .
	(City/State/Zip/Phone #)	-
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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CORPORATE 'ACCESS, _

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P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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X	CERTIFIED COPY	· ·		
	РНОТОСОРУ			
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X	FILING	_ F C	DREIGN INC	
В	SASALTE INC.			
((CORPORATE NAME AND D	OCUMENT #)		
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(C	CORPORATE NAME AND D	OCUMENT#)		
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Basalte Inc.			
		of corporation	- must include suffix	—
Dear S	ir or Madam:			
Centi	closed "Application by Foreign C licate of Existence," or "Certificate referenced foreign corporation to	e of Good Stand	Authorization to Transact Business in Florida, fing" and check are submitted to register the s in Florida.	1
Please	return all correspondence concern	ing this matter	to the following:	
		Name of P	Person	_
		Firm/Comp	pany	
		Addres	ss	 -
		C'a l'Eta	100	
		City/State and	d Zip code	
	E-mail address	s: (to be used fo	r future annual report notification)	
For fur	ther information concerning this n	natter, please ca	lt:	
Kylie C	onrad	at (823-9273	
	Name of Person	Area Code	Daytime Telephone Number	
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please m	d is a check for the following amorake check payable to: FLORIDA DI 00 Filing Fee \$78.75 Filing Certificate of	EPARTMENT C	DF STATE \$78.75 Filing Fee & S87.50 Filing Fee Certified Copy Certificate of Sta 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.

(If name unavai	table in Florida, enter alternate corporate name a	adopted for the purpose of transacting business in Flo	orida)
Delaware 	3.		
(State or count 06/12/2018	ry under the law of which it is incorporated) 5.	(FEI number, if applicable)	
(Dat	e of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
530 7th Avenue,	Suite 902, New York, New York 10018		
	(Current mailine	address if different	
Name and stre	et address of Florida registered agent: (P.O CORPORATE ACCESS, INC.	g address, if different) . Box NOT acceptable)	2023 JUL
Name:	et address of Florida registered agent: (P.O	- ,	2023 JUL 20
Name:	et address of Florida registered agent: (P.O CORPORATE ACCESS, INC. 236 E. 6TH AVENUE	Box NOT acceptable)	
	et address of Florida registered agent: (P.O CORPORATE ACCESS, INC. 236 E. 6TH AVENUE	. Box <u>NOT</u> acceptable)	2023 JUL 20 PM 5:

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 Nikolaas I. Arnout Sandra N. Maes □ Chairman □ Chairman Name: □Vice Chairman Address: ___ □ Vice Chairman Address: ____ Frans-Halslaan 5 Frans-Halslaan 5 □ Director □ Director Sint-Denijs-Westrem Sint-Denijs-Westrem President ☐ President Oost-Vlaanderen 9051, Belgium Oost-Vlaanderen 9051, Belgium ☐ Vice President ☐Vice President □ Secretary □Treasurer ■ Secretary □Treasurer □Other _____ Other ____ □ Other _____ Other _____ Sandra N. Maes Name: Nikolaas I. Arnout □ Chairman □Chairman □Vice Chairman Address: ___ ☐ Vice Chairman Address: ____ Frans-Halslaan 5 Frans-Halslaan 5 □ Director □ Director Sint-Denijs-Westrem Sint-Denijs-Westrem □ President ☐ President Oost-Vlaanderen 9051, Belgium Oost-Vlaanderen 9051, Belgium □ 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 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

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



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

DELAWARE, DO HEREBY CERTIFY "BASALTE 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 TWENTIETH DAY OF JULY, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BASALTE INC."

WAS INCORPORATED ON THE TWELFTH DAY OF JUNE, A.D. 2018.

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

at corp.delaware.gov/aut

Authentication: 203786596

Date: 07-20-23