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H230003237363ABCE

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 Fax Number : (302)545-1280

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

Email Address: wpeters917@gmail.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Additive Aircraft Corp.

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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.

| | | ame adopted for the purpose of transacting bus | iness in Florida) | |
|-------------------|--|---|--|--|
| | | | | |
| (State or country | under the law of which it is incorporate | 3. 93-3042118 (FEI number, if applicat | oie) | |
|)8/23/2023 | | | | |
| (Date | of incorporation) | 5. (Date of duration, if other than p | erpetual) | |
| | | | | |
| | (Date first transacted busin (SEE SECTIONS 607.1501 & 6 | ness in Florida, if prior to registration) 507.1502, F.S., to determine penalty liability) | | |
| | ive, Merritt Island, FL 32952 | , , , | | |
| · | | al office street address) | | |
| | | | | |
| | (Clutent | mailing address, if different) | | |
| | | | ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;; | |
| Name and stree | et address of Florida registered agent: | (P.O. Box NOT acceptable) | | |
| Name: | William C Peters | | | |
| ice Address: | 1176 Potomac Drive | | jus 10 1 | |
| | Merritt Island | , Flerida 32952 (Zip code) | 1 | |
| | (City) | (Zip code) | - • | |
| n ! | ent's acceptance: | | | |
| Keuisteren ag | to second | service of process for the above stated cor | poration at the | |
| vine been nam | ea as registerea agent and to accept | | | |
| ving been nam | application. I hereby accept the app | pointment as registered agent and agree to utes relative to the proper and complete pe | act in this cap rformance of n | |

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]:

(((H23000323736 3)))

| A. DIRECTORS | | | | | | |
|---|--------------------------|-----------------|------------|--|--|--|
| □ Chairman | Name: William C Peters | □ Chairman | Name: | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | |
| □Director | Merritt Island, FL 32952 | □Director | | | | |
| President | | □President | | | | |
| □Vice President | | □Vice President | | | | |
| ☐ Secretary | □Treasurer | Secretary | □Treasurer | | | |
| CEO | □Other | []Other | Othe: | | | |
| □Chairman | Name: | □Chairman | Name: | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | |
| Director | | Director | | | | |
| □President | | President | | | | |
| □Vice Presiden: | | □Vice President | | | | |
| □ Secretary | Treasurer | Secretary | ☐Treasurer | | | |
| □Оம்எ | Other | □Other | Other | | | |
| ⊡ Chairman | Name: | □ Chairman | Name: | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | |
| Director | | Director | | | | |
| □President | | □President | | | | |
| □Vice President | | □Vize President | | | | |
| ☐ Secretary | ☐ Treasurer | □S∞relary | ☐Treasurer | | | |
| Other | Other | Other | □O:her | | | |
| 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. 12. Signature of Director or Officer | | | | | | |
| 1 L, | Signature of Director o | r 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. | | | | | | |
| William C Peters, CEO (Typed or printed name and capacity of person signing application) | | | | | | |
| (1) Then of himsen and selected of hereat come about the | | | | | | |

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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ADDITIVE AIRCRAFT 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 FOURTEENTH DAY OF SEPTEMBER, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADDITIVE AIRCRAFT CORP." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2023.

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

7636081 8300 SR# 20233489179

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204160436

Date: 09-14-23