

Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH OF BOCA RATON
 Account Number : 076376001555
 Phone : (803)255-9617
 Fax Number : (561)483-7321

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

Email Address: asalama@sabert.com

FOREIGN PROFIT/NONPROFIT CORPORATION
Sabert Corporation

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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2023 SEP 27 AM 11:10

FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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Fax Audit No. H23000339395 3

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. SABERT-CORPORATION

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey

(State or country under the law of which it is incorporated)

3

(FEI number, if applicable)

4. May 29, 1998

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6.

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2288 Main St., Sayreville, NJ 08872

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Albert I. Salama

Office Address: 150 SE 2nd Ave, Unit 709

Miami, Florida 33131

(City)

(Zip code)

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.

Albert I. Salama (handwritten signature)

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

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A: DIRECTORS

Chairman Name: GARY ZIZNEWSKI
 Vice Chairman Address: 2288 Main St.
 Director Sayreville, NJ 08872
 President
 Vice President
 Secretary Treasurer
 Other CFO Other

Chairman Name
 Vice Chairman Address
 Director
 President
 Vice President
 Secretary Treasurer
 Other Other

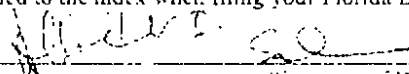
Chairman Name: CHRISTINA ZHAO
 Vice Chairman Address: 2288 Main St.
 Director Sayreville, NJ 08872
 President
 Vice President
 Secretary Treasurer
 Other Other

Chairman Name
 Vice Chairman Address
 Director
 President
 Vice President
 Secretary Treasurer
 Other Other

Chairman Name: Albert I. Salama
 Vice Chairman Address: 2288 Main St.
 Director Sayreville, NJ 08872
 President
 Vice President
 Secretary Treasurer
 Other Authorized Representative Other

Chairman Name
 Vice Chairman Address
 Director
 President
 Vice President
 Secretary Treasurer
 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.

12. 
 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. 17.155, F.S.

Albert I. Salama

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

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS

SABERT CORPORATION
0100747276

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on May 29, 1998.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ALBERT J. SALAMI
2288 MAIN STREET EXTENSION
SAYREVILLE, NJ 08872-0000

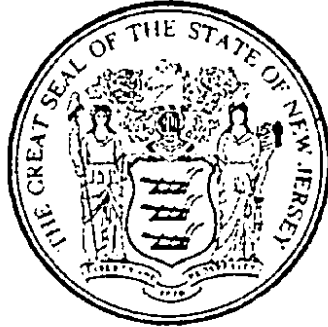
I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

MERGED WITH A NAME CHANGE	07/27/1998
CHANGE OF AGENT AND OFFICE	02/16/2011
Annual Report filing with officer/member change	05/22/2014
Annual Report filing with officer/member change	03/09/2016
MERGER	12/31/2016
Annual Report Filing with address change	06/14/2017
Annual Report filing with officer/member change	06/14/2017
MERGER	04/26/2022
Annual Report filing with officer/member change	09/13/2022

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STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS

SABERT CORPORATION
0100747276



IN TESTIMONY WHEREOF, I have
hereto set my hand and affixed
my Official Seal at Trenton, this
21st day of September, 2023

Elizabeth Maher Muoio
State Treasurer

Certificate Number: 6146783100

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/SP_Verify_Cert.jsp