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~	tration Section ion of Corporations			
SURJECT-	ALBULA VULPES, INC.			
SOBJECT.	Nam	e of corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign of Existence," or "Certificated foreign corporation to	ite of Good Stand	ting" and check are subr	t Business in Florida," mitted to register the
Please return	all correspondence conce	rning this matter	to the following:	
JUDY B MOR	GAN			
		Name of I	Person Person	
ALBULA VUI	LPES, INC.			
		Firm/Com	pany	
4310 PABLO	OAKS COURT			
		Addre	SS	
JACKSONVII	LLE. FL 32224			
		City/State ar	id Zip code	
JMORGAN@	DAVISFAMILYOFFICE.C			
	E-mail addr	ess: (to be used f	or future annual report n	otification)
For further in	formation concerning this	matter, please c	ail:	
JUDY B MOR	GAN	904 at (le Daytime Telephone Number	
Nam	e of Person	Area Code	Daytime Teleph	none Number
STREET/COURIER ADDRESS: 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	
Enclosed is a Please make ch		DEPARTMENT	OF STATE] \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

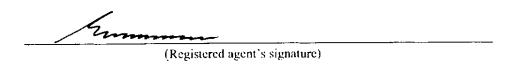
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

L ALBULA VULI	PES, INC.				
(Enter name of c	orporation; must include "INCORPORATED, orp." "Inc." "Co." or "Corp.")	," "COMPANY," "CORPORATIO	N."		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacti	ng business in Florida)		
2. DELAWARE3		58-2547386			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
4. 5-23-2000	5.				
(Date	of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)		
6.					
	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liabil	lity)		
7.4310 PABLO OA	AKS COURT, JACKSONVILLE, FL 32224		·		
	(Principal of	fice <u>street</u> address)			
	(Current maili	ng address, if different)	·		
8. Name and stree	et address of Florida registered agent: (P. SCOTT A. OKO	O. Box <u>NOT</u> acceptable)	2023 KOY 27		
Office Address:	4310 PABLO OAKS COURT		PH 6: 17		
	JACKSONVILLE	, Florida 32224			
	(City)	(Zip code)	7		

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.



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						
□Chairman	C. AUSTIN STEPHENS Name:	□Chairman	Name: ALEXANDER C. TAYLOR			
□Vice Chairman	Address:	□Vice Chairman	Address: 4310 PABLO OAKS COURT			
Director	JACKSONVILLE, FL 32224	Director	JACKSONVILLE, FL 32224			
President		□President				
□Vice President		■Vice President				
☐ Secretary	□Treasurer	□ Secretary	☐ Treasurer			
Other		□Other	Other			
□Chairman □Vice Chairman	Name: SCOTT A. OKO Name: 4310 PABLO OAKS COURT	□Chairman □Vice Chairman	Name:			
□Director	JACKSONVILLE, FL 32224	□Director	JACKSONVILLE, FL 32224			
□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 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.817.155, F.S.

SCOTT A. OKO



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALBULA VULPES, 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 THIRTIETH DAY OF OCTOBER, 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 "ALBULA VULPES, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF MAY, A.D. 2000.

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



Authentication: 204479888

Date: 10-30-23

3232942 8300 SR# 20233739576

You may verify this certificate online at