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COVER LETTER

	stration Section sion of Corporations					
SUBJECT:	PLATINIUM RESOURCES I	NC.				
SOBJECT		of corporation - 1	nust include suffix			
Dear Sir or M	fadam:					
"Certificate o	"Application by Foreign C of Existence," or "Certificat need foreign corporation to	e of Good Standir	ig" and check are subr	t Business in Florida." nitted to register the		
Please return	all correspondence concert	ning this matter to	the following:			
THOMAS J. R	EGALBUTO					
	<u> ·</u>	Name of Pe	son			
PLATINUM RE	ESOURCES, INC.					
		Firm/Compa	ny			
600 OLD COL	INTRY ROAD SUITE 235					
	· · · · · · · · · · · · · · · · · · ·	Address				
GARDEN CIT	Y, NY 11530					
		City/State and	Zip code			
TREGALBUTO	O@PLATINUMINSURANCE.C			<u> </u>		
	E-mail addres	ss: (to be used for	future annual report n	otification)		
For further in	formation concerning this	matter, please call	:			
THOMAS REGALBUTO 51		516 at ()	222-4942			
Nam	e of Person	Area Code	Daytime Teleph	ione Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a Please make cl \$70.00 Fil	check for the following an neck payable to: FLORIDA I ing Fee	DEPARTMENT O	F STATE 78.75 Filing Fee & Certified Copy	S87.50 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.

I. PLATINUM RES	SOURCES, INC.				
	orporation; must include "INCORPORATED orp," "Inc." "Co," or "Corp.")	," "COMPANY," "CORPORATION.			
PLATINUM RES	SOURCES, INC OF FLORIDA				
(If name unavail:	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)		
2. NEW YORK	NEW YORK 3. 112927699 (FEI number, if applicable)				
	y under the law of which it is incorporated)	(FEI number, if applicable)			
4. 11/21/1988	5.				
(Date of incorporation)		(Date of duration, if other than perpetual)			
6.					
o		in Florida, if prior to registration) 502, F.S., to determine penalty liability	y)		
7 600 OLD COUNT	RY ROAD STE 235 GARDEN CITY, NY 115	530			
/·		fice street address)			
	(Current maili	ng address, if different)			
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	2023 SFC		
Name:	Registered Agents Inc			7	
	7901 4th St N STE 300		0.27 7.48 7.48	dates	
Office Address:	St. Petersburg	 . Florida ³³⁷⁰²	7 PM	177	
	(City)	(Zip code)			
9. Registered ago	int's accentance		19 19		
Having been nam	ed as registered agent and to accept serv	ice of process for the above stated	corporation at the p	lace	
designated in this	application, I hereby accept the appoint omply with the provisions of all statutes	ment as registered agent and agree	to act in this capac constantance of my	ity. 1 datie	
juriner agree to co and I am familiar	omply with the provisions of an statutes is with and accept the obligations of my pe	osition as registered agent.	perjormance of my		
,	. , , , , , , , , , , , , , , , , , , ,				
J	David Roberts				
_	(Registered agent's 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.

A. DIRECTORS							
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	GARDEN CITY, NY 11530	□Director					
□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			
□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			
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.

, Thomas J. Regalbuto President

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: PLATINUM RESOURCES. INC.

DOS ID Number: 1274266

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 07/01/1988

Statement Status: PAST DUE DATE

Statement Due Date: 07/31/2016

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 07, 2023 at 09:49 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Higher

By Brendan C. Hughes Executive Deputy Secretary of State

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