Page: 2 of 5 2024-02-15 11:33:13 PST 19548277645 To: From: Kaity Toon

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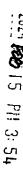
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FOREIGN PROFIT/NONPROFIT CORPORATION DIPLOMATE CONCIERGE SERVICES, INC.

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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.

Diplomate Conc	lerge Services, Inc.				
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATION."			
(If name unavail	able in Florida, enter alternate corporate name a	idopted for the purpose of transacting b	business in Florida)		
Delaware					
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
12/13/2004	5	Perpetual			
	(Date of incorporation) (Date of duration, if other than perpetual)				
(01/01/2024					
	(Date first transacted business in (SEE SECTIONS 607,1501 & 607,15	Florida, if prior to registration) 02, F.S., to determine penalty liability)		
71 Audrey Avenu	ie, Oyster Bay, NY 11771				
	(Principal offic	te <u>street</u> address)			
same					
same	(Current mailin	g address, if different)			
	et address of Florida registered agent: (P.O				
). Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O		1.2023		
. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O C T Corporation System 1200 South Pine Island Road	. Box <u>NOT</u> acceptable)	15 F		
. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O C T Corporation System 1200 South Pine Island Road Plantation	. Box <u>NOT</u> acceptable) Florida ²³³²⁴	15 PH		
S. Name and <u>stree</u> Name: Office Address:	et address of Florida registered agent: (P.O.C.T.Corporation System 1200 South Pine Island Road Plantation (City)	. Box <u>NOT</u> acceptable)	15 PH 3:		
Name and <u>stree</u> Name: Office Address:	et address of Florida registered agent: (P.O.C.T.Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance:	. Box NOT acceptable) Florida 23324(Zip code)	15 PH 3: 54		
Name and street Name: Diffice Address: Registered aguaring been namelesignated in this	et address of Florida registered agent: (P.O.C.T.Corporation System 1200 South Pine Island Road Plantation (City)	. Box NOT acceptable) Florida 23324 (Zip code) the of process for the above stated contract as registered agent and agree elative to the proper and complete polative polative to the proper and complete polatical polat	orporation at the place to act in this capacity.		
Name and streen Name: Office Address: O	et address of Florida registered agent: (P.O. C.T. Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: red as registered agent and to accept service application. I hereby accept the appointm omply with the provisions of all statutes re	. Box NOT acceptable) Florida 23324 (Zip code) the of process for the above stated contract as registered agent and agree elative to the proper and complete polative polative to the proper and complete polatical polat	orporation at the place to act in this capacity.		
Name and street Name: Diffice Address: Registered aguaring been namelesignated in this	et address of Florida registered agent: (P.O.C.T. Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: red as registered agent and to accept service application. I hereby accept the appointm omply with the provisions of all statutes rewith and accept the obligations of my post. C.T. Corporation System	. Box NOT acceptable) Florida 23324 (Zip code) the of process for the above stated contract as registered agent and agree elative to the proper and complete polative polative to the proper and complete polatical polat	orporation at the place to act in this capacity.		

- 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

To;

⊡Chairman	Name: Amerigo Mazza	□Chairman	Name:	· · · · · · · · · · · · · · · · · · ·			
□Vice Chairman	Address: 71 Audrey Avenue	□Vice Chairman					
Director	Oyster Bay, NY 11771	Director					
☑President	The same of the same of the same and the sam	□President					
□Vice President		□Vice President					
☐Secretary	Trensure:	[]Secretary		☐Treasurer			
[]Other		[]Other		C)Other			
Cheirman	Name: Curtis Peritz	□Chairman	Name:				
UVice Chairman	Address: 71 Audrey Avenue	□Vice Chairman		******			
□Director	Oyster Bay, NY 11771	□ Director					
□President		☐ President					
□Vice President		□Vice President					
	□Treasurer	Secretary	117	☐ Treasurer			
Other C.F.O.	□Other	Other		Oother			
GChairman	Name:	□ Chainnan	Name:				
□Vice Chairman	Address:	D Vice Chairman					
□ Director		□ Director					
□ President		□ President					
□Vice President		□Vice President					
DSecretary	☐ Treasurer	Secretary	******	□ Treasurer			
□Other	ClOther	iDOther	 -	DOther			
Important Notice. Use an attachment to report more than six (6). The adjoinment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida December 1 and 1							
12.							
Signature of Director or Officer							
The officer or director signing this document (and who is fisted 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 falous or many it had for in-							

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.E17.155, F.S.

13. Curtis Peritz, C.F.O.

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



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

DELAWARE, DO HEREBY CERTIFY "DIPLOMAT CONCIERGE SERVICES, 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 FIFTEENTH DAY OF FEBRUARY,

A.D. 2024.

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

at corp.delaware.gov/autho

Authentication: 202817172

Date: 02-15-24