Florida Department of State Division of Corporation

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number ; (813)436-5206

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

ഗ Email Address:__

FOREIGN PROFIT/NONPROFIT CORPORATION AMERICAN TRADE GROUP, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
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Fax: 8134365206

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.

| (Enter name of c | ADE GROUP, INC. orporation; must include "INCORPORATED." orp.," "Ine.," "Co.," or "Corp.") | "COMPANY." "CORPORATION." | |
|---|---|--|-----------------|
| AMERICAN TRA | ADE ASSOCIATES, INC | | |
| (If name unavails | able in Florida, enter alternate corporate name ad | lopted for the purpose of transacting business | in Florida) |
| co | 3 | | |
| (State or countr | y under the law of which it is incorporated) 3. | (FEI number, if applicable) | |
| | 5. | | |
| (Date | of incorporation) 5. | (Date of duration, if other than perpet | ual) |
| | | | |
| | (Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 | 2, F.S., to determine penalty liability) | • |
| 200 S. Andrews A | ive Suite 504 #1087 Fort Lauderdale Florida 333 | 01 | |
| · · · | (Principal office | | |
| 200 S. Andrews A | Ave Suite 504 #1087 Fort Lauderdale Florida 333 | 301 | |
| | (Current mailing | address, if different) | |
| Name and street | et address of Florida registered agent: (P.O. Registered Agents Inc | Box NOT acceptable) | 2024 APR |
| ffice Address: | 7901 4th St N STE 300 | | က် |
| | St. Petersburg | , Florida 33702 | ≥ :: |
| | (City) | (Zip code) | AH 10: 25 |
| • | ent's acceptance: | | G1 |
| esignated in this orther agree to co | ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes related and accept the obligations of my positions. | nt as registered agent and agree to act in ative to the proper and complete perforn | n this capacity |
| | David Spents (Registered agent's sign | | |

^{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.

4/5/2024 10:26:14 PDT

To: 18506176383

| Page. | 1/1 |
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| PHILE | - J |

Fax: 8134365206

| A. DIRECTORS | | | | |
|---|--|-----------------------|---------------------|--------------------------------|
| □Chairman | Vincenty, Maureen | □ Chairman | Name: Chambe | erlin, Alyssa |
| □Vice Chairman | Address: | □ Vice Chairman | | |
| ☑Director | 200 S. Andrews Ave Suite 504 #1087 | ∟Director | 200 S. Andrew | vs Ave Suite 504 #1087 |
| □President | Fort Lauderdale Florida 33301 | ☑ President | Fort Lauderdal | e Florida 33301 |
| □Vice President | | □ Vice President | | |
| ☐ Secretary | Treasurer | ☐ Secretary | | ☑Treasurer |
| Other | □Othet | □Other | | Other |
| □ Chairman | Name: Boly, Michael | □ C hairman | Name: | |
| □Vice Chairman | Address: | □ Vice Chairman | Address: | |
| □Director | 200 S. Andrews Ave Suite 504 #1087 | □ Director | | |
| □President | Fort Lauderdale Florida 33301 | □President | | |
| □Vice President | | □ Vice President | | |
| Zi Secretary | □Treasurer | ☐ Secretary | | □Treasurer |
| □Other | □Othei | □Other | | □Other |
| ☐Chairman | Name: | ⊏ Chairman | Nama | ··· |
| | | | | |
| | Address: | □Vice Chairman | Address: | |
| ☐Director | | Director | - | 10 |
| □President | | □ President | | |
| □Vice President | | □Vice President | | |
| □ Secretary | □ Treasurer | ☐ Secretary | | ☐ Treasurer |
| □Other | □ Other | □Other | | □Other |
| | ise an attachment to report more than six (6). The attact added to the index when filing your Florida Department Ulysosa Chardenser. Signature of Director or | it of State Annual Re | port form. | |
| she is aware that fa s.817.155, F.S. | etor signing this document (and who is fisted in number lise information submitted in a document to the Department of th | 11 above) affirms the | at the facts stated | herein are true and that he or |

4/5/2024 10:26:14 PDT . To 18506176383 Page: 4/4 Fax: 8134365206

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

AMERICAN TRADE GROUP, INC.

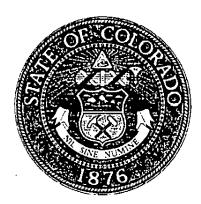
is a

Corporation

formed or registered on 09/30/2019—under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20191786520.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/04/2024 that have been posted, and by documents delivered to this office electronically through 01/08/2024 @ 02:59:22

I have affixed hereto the Great Scal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/08/2024 @ 02:59:22 in accordance with applicable law. This certificate is assigned Confirmation Number 15631695



Secretary of State of the State of Colorado

ena Juswell

Nature, A certificate issued electromically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electromically may be established by visiting the Validate of Certificate page of the Secretary of State's website, may wave coloradoving any by Certificate Secretary of State's website, may wave coloradoving any by Confirming the instance of a certificate is merely optional and is not necessary to the salid and effective issuance of a certificate. For more information, visit one website, https://www.coloradoving.go.chek "Businesses, trademarks, trade names" and select "Frequently Asked Questions".