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## **COVER LETTER**

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TO: Registration Section Division of Corporations	S				
SUBJECT: Circle Earth Excava	ation, Inc.				
	Name of corporation	- must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Fo "Certificate of Existence." or "Co above referenced foreign corporations."	ertificate of Good Stand	ling" and check are subm			
Please return all correspondence	concerning this matter t	to the following:			
Gavin Alves					
	Name of P	erson			
Circle Earth Excavation					
	Firm/Comp	pany			
150 John Vertente Blvd					
	Addres	SS			
New Bedford, Massachusetts 02747	,				
	City/State an	d Zip code			
Galves@circleearthexcavation.com					
t-mai	I address: (to be used fo	r future annual report no	tification)		
For further information concerning	ng this matter, please ca	III:			
Gavin Alves	508 at (_	7285815			
Name of Person	Area Code	Daytime Telepho	one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL. 32303		Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	RIDA 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.

name unavail	able in Florida, enter alternate corporate	name adopted for the purpose of transacting but	siness in Florida)		
acoachineetta		3	85-2329414		
(State or country under the law of which it is incorporated)		ed) (FEI number, if applica	(FEI number, if applicable)		
July 31, 2020		_ 5. NA	NA		
(Date of incorporation)		(Date of duration, if other than	(Date of duration, if other than perpetual)		
<b>A</b>					
		ness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)			
John Vertent	e Blvd., New Bedford, MA 02747				
<del></del>	(Princip	al office street address)			
	(Current	mailing address, if different)	<del></del>		
	(Current	mailing address, if different)			
me and stree	(Current :				
			2024		
Name:	et address of Florida registered agent: Paul Alves		2024 AP		
	et address of Florida registered agent:		2024 AP.3		
Name:	Paul Alves 5102 Mt. Plymouth Rd., Apopka	(P.O. Box NOT acceptable)  Florida 32712	2024 AP.? I		
Name:	Paul Alves 5102 Mt. Plymouth Rd.,	(P.O. Box NOT acceptable)			
Name: Address:	Paul Alves 5102 Mt. Plymouth Rd., Apopka (City)	(P.O. Box NOT acceptable)  , Florida 32712 (Zip code)	PH 4:		
Name: Address:	Paul Alves 5102 Mt. Plymouth Rd., Apopka (City)	(P.O. Box NOT acceptable)  , Florida 32712 (Zip code)	PH 4:		
Name: Address: gistered age g been name	Paul Alves  5102 Mt. Plymouth Rd.,  Apopka  (City)  ent's acceptance:  ed as registered agent and to accept application, I hereby accept the app	(P.O. Box NOT acceptable) , Florida 32712 (Zip code)  service of process for the above stated corpointment as registered agent and agree to	poration at the act in this capa		
Name: Address: gistered age g been nam ated in this r agree to co	Paul Alves  5102 Mt. Plymouth Rd.,  Apopka  (City)  ent's acceptance:  ed as registered agent and to accept application, I hereby accept the app	(P.O. Box NOT acceptable) , Florida 32712 (Zip code)  service of process for the above stated corpointment as registered agent and agree to utes relative to the proper and complete pe	poration at the act in this capa		

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	Gavin Alves Name:	☐ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:	····			
□Director	New Bedford, MA 02745	□Director					
President		President					
□ Vice President		☐Vice President	<del> </del>				
□ Secretary	☐ Treasurer	□Secretary		☐ Treasurer			
□ Other		□Other	<del> </del>	ClOther			
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:				
□Director		□Director					
□President		□President	<del> </del>				
□Vice President	<del></del>	□Vice President	<del></del>				
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other	□ Other	□Other	<del>_</del>	□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.  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.  Gavin Alves							
13. Gavin Aives	i 						



## The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

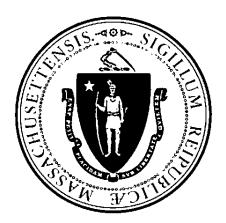
Date: March 22, 2024

To Whom It May Concern:

I hereby certify that according to the records of this office,

CIRCLE EARTH EXCAVATION, INC.

commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

William Travino Galecin

on the date first above written.

Secretary of the Commonwealth

Certificate Number: 24030470710

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: