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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.

3. (State or country under the law of which it is incorporated) 4. (Date of incorporation) 4. (Date of incorporation) 5. (Date of duration, if other than perpetual 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agent Solutions, Inc. Office Address: Tallahassee (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation designated in this application, I hereby accept the appointment as registered agent and agree to act in the state of th	al)
4. (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual (Date of duration, if other than perpetual (Date of duration, if other than perpetual (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 417 Fifth Avenue . PH-B New York, NY 10016 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. 2894 Remington Green L.n. Stc. A Tallahassee (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation	al)
(Date of incorporation) (Date of duration, if other than perpetual Upon filing (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 417 Fifth Avenue . PH-B New York, NY 10016 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agent Solutions, Inc. 2894 Remington Green L.n. Stc. A Tallahassee (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation.	al)
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2894 Remington Green L.n. Stc. A Tallahassee , Florida (City) (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation	2024 APR 18
Tallahassee , Florida 32308 (City) , Florida (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation	
). Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation	/H 10: 53
Having been named as registered agent and to accept service of process for the above stated corporation	ý.
further agree to comply with the provisions of all statutes relative to the proper and complete performations, and I am familiar with and accept the obligations of my position as registered agent.	his canacity I

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. Names and business addresses of officers and/or directors:

Chairman	ECTORS ROXANA Q GIRAND
	417 Fifth Avenue, PH-B New York, NY 10016
Vice Chai	rman:
Address:	
-	
Director:	
Address:	
Director:	
Address:	
B. OFFI	CERS ROXANA O GIRAND
	417 Fifth Avenue . PH-B New York, NY 10016
Address:	THE THOUSE THE SECTION OF THE SECTIO
/ice Presi	dent:
ecretary:	
ddress: _	
reasurer:	
ddress: _	
N OTE: [f pecessory fou may attach an addendum to the application listing additional officers and/or directors.
he office re true ar third deg	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein ad that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S. ANA Q GIRAND

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: SEBASTIAN CAPITAL, INC.

DOS 1D Number: 2604266

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 02/09/2001

Statement Status: CURRENT Statement Due Date: 02/28/2025

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 April 18, 2024 at 10:48 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Higher

By Brendan C. Hughes
Executive Deputy Secretary of State

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