6/13/24, 9:05 AM

Division of Corporations

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

sloan@bilderlings.com Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION Bilderlings US, Inc.

Certificate of Status	()
Certified Copy	1
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To:

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. BILDERLINGS	US, INC.			
	orporation; must include "INCORPORATED orp," "Inc." "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ess in Floridat	
2. Delaware	3.	99-2210924		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable	)	
4 03/27/2024	5.	Perpetual		
(Date of incorporation)		(Date of duration, if other than perpetual)		
6. Upon Filing				
##	(SEE SECTIONS 607,1501 & 607,1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7. 101 Larry Holme	s Drive, Suite 314, Easton, PA 18042 (Principal of)	ice street address)		
same	(i mepa on	ice <u>survei</u> duniess;	2021	
•	(Current maili	ng address, if different)	2024 JULI 13	
8. Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	ū	
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road		ب اج	
	Plantation	Florida <u>33324</u>		
	(City)	(Zip code)		

## 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

	C T Corporation System	_
By:	SEAN L. EMERICK, ASSISTANT SECRETARY	Son Chaire
	(Registered agent's sign	nature)

- 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]:

lo:	Page: 4 of 5	2024-06-13 07:13:34 CST	12122023573	From: David Thoma

A. DIRECTORS				
□ Chairman	Name: Douglas Sloan	□Chairman	Name Douglas	s Sloan
□Vice Chanman	Address. 101 Larry Holmes Drive	□Vice Chainman	Address. 101 1	arry Holmes Drive
<b>⊠</b> Director	Suite 314	Director	Suite 314	
<b>President</b>	Easton, PA 18042	□President	Easton, PA 180	42
DVice President		□Vice President		
☐Secretary	□Treasure:	FI Secretary		■Treasurer
□Other	Other	□Other		□Other
∵. ⊒Chairman	Name: _ Aleksandrs Peskovs	□ Chairman	Name:	
□Vice Chairman	Address: 101 Larry Holmes Drive	□ Vice Chairman	Address:	
<b>■</b> Director	Suite 314	Director		
□President	Easton, PA 18042	□President		
⊞Vice President		∏Vice President		
□Secretary	☐Treasurer	☐ Secretary		□Treasurer
□ Other		Other		□Other
□Chairman □Vice Chairman	NameAndrejs Kuzins  Address: _101 Larry Holmes Drive	□ Chairman		
	Suite 314		vadiess	
Director	Easton, PA 18042	□ Director		
(IPresident	<del>-</del>	□President		
		□Vice President		
☐Secretary	□Treasurer	□ Secretary		Treasturer
☐Other		Other		Other
	Use an attachment to report more than six (6). The attac added to the index when filing your Flonda Departmen			rposes only. Non-indexed
12	/s/ Douglas Sloan			
	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 \$,817,155, F.S.				
13 DOUGLAS	SLOAN, PRESIDENT	<del></del>		
(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 "BILDERLINGS US, 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 FOURTH DAY OF JUNE, A.D. 2024.

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

Authentication: 203625169

Date: 06-04-24