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T. LEMIEUX

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	CC	OVER LE	TTER :
	stration Section		
	ion of Corporations		
SUBJECT:	DALLIMORE & CO. INC.		
	Name of	corporation -	must include suffix
Dear Sir or M	ladam;		
"Certificate o		l'Good Standi	uthorization to Transact Business in Florida," ng" and check are submitted to register the in Florida.
Please return	all correspondence concerning	g this matter to	o the following:
Simon Dallime	भर		•
		Name of Pe	rson
DALLIMORE	& CO. INC.		
		Firm/Compa	inv
276 5th Avenu	ie, Suite 704 - 3075		*** *
		Address	
New York NY	10001	radares:	`
		City/State and	1 Zin wala
accounting@d	affimoreco.com	z ny mare am	(7.1) Code
		to be used for	future annual report notification)
n dan s			·
For further in	formation concerning this mat	ter, please cal	I:
Simon Dallimo	are	, 310	717-3926
Nam	e of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amoustick payable to: FLORIDA DEP		DF STATE

S78.75 Filing Fee &

S87.50 Filing Fee,

☐ \$70.00 Filing Fee

■ \$78.75 Filing Fee &

Cambian & P Charms

A. DIRECTORS Simon Dallimore I.J.Chamman Name: ______ Chairman 276 5th Avenue, State 704 - 3075 . IVice Chairman Address: [[[Vice Chairman Address: New York NY 10001 ■ Director Director President President □Vice President □ Vice President \square Treasurer □ Secretary □Treasurer ■Other ____ □Other _____ □Other ___ □Other _____ □ Chairman □Chairman Name: _____ Name: _____ □Vice Chairman Address: □ Vice Chairman Address: □ Director Director **President** □President □Vice President □Vice President □ Secretary □Treasurer □ Secretary . Treasurer □Other ____ []Other_____ ∏Other ___ T.Other _____ ___ □Chairman Name: Chairman. Name: _____ Address: _____ DVice Chairman Director Director _____ □President TPresident CiVice President TVice President **DSecretary UlTreasurer** ** ISecretary Treasurer ______ HOther _____ 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 8.817.155, F.S.

Simon Dallimore, CEO