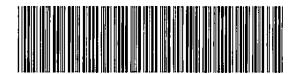
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATEOUS AIVISION OF CORPORATIONS

COVER LETTER

	istration Section ision of Corporations			
SUBJECT	Covisian US Inc.			
Some		corporation	- must include suffix	
Dear Sir or	Madam:			
"Certificate	d "Application by Foreign Cor of Existence," or "Certificate c enced foreign corporation to tra	of Good Stand	ling" and check are subn	
Please retur	n all correspondence concernin	g this matter	to the following:	
Catherine Ka	astning			
		Name of I	Person	-
Funaro & Co	o., P.C.			
		Firm/Com	pany	
350 Fifth Av	enue, 41st Floor			
	- · · - · - · - · - · - · - · · - · · - · · - · · - · · - · · - · · - · · - · · - · · - · · - · · · - · · · - ·	Addre	SS	
New York, i	₹Y 10118			
		City/State ar	nd Zip code	
catherine.ka	stning@funaro.com			
	E-mail address:	(to be used for	or future annual report n	otification)
For further	information concerning this ma	itter, please c	all:	
Catherine K	astning	at (212 Area Code	273-5394	
Na	me of Person	Area Code	Daytime Teleph	none Number
Reg Div The 241	REET/COURIER ADDRESS gistration Section vision of Corporations & Centre of Tallahassee 5 N. Monroe Street, Suite 810 lahassee, FL 32303	: :	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
	a check for the following amoreheek payable to: FLORIDA DE Filing Fee	PARTMENT Fee & - =	OF STATE I \$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.

Delaware		adopted for the purpose of transacting business in Florida)	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
	ider the law of which it is incorporated)	(FEI number, if applicable)	
September 5, 2023	neorporation) 5.	(Date of duration, if other than perpetual)	
(Date of i	neorporation)	(Date of duration, if other than perpetual)	
		ce <u>street</u> address)	
c/o Funaro & Co., P.	C., 350 Fifth Avenue, 41st Floor, New Yor	k, NY 10118 g address, if different)	
Name: F	Idress of Florida registered agent: (P.O Registered Agent Solutions, Inc. 1894 Remingston Green Ln., Ste. A	9. Box NOT acceptable) R Florida 32308	
- 1	'allahassee	ىپ , Florida <u>32308</u>	
_	(City)	(Zip code)	

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]:

A. DIRECTORS Gabriele Moretti Marcello Faticoni □ Chairman □Chairman Name: _ Via dei Valtorta, 47 Via dei Valtorta, 47 ☐ Vice Chairman Address: _ ☐ Vice Chairman Address: 20127 Milano 20127 Milano ■ Director Director Italy Italy ■ President □President □Vice President _____ □ Vice President □Treasurer Treasurer □ Secretary □ Secretary Other _____ □Other _____ □Other _____ Aldo Panunzio Name: □Chairman □ Chairman Name: _____ Ortoli | Rosenstadt LLP ☐ Vice Chairman Address: □ Vice Chairman Address: 366 Madison Avenue **■**Director □Director 3rd Floor □President □ President New York, NY 10017 ☐ Vice President ☐ Vice President □Treasurer □ Secretary Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ □Other ______ □ Chairman □ Chairman Name: ______ Name: □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □President □President □ Vice President _____ □ Vice President □Treasurer □ Secretary □ Treasurer □ Secretary □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. Gabriele Moretti, President

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COVISIAN 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 THIRD DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVISIAN US INC." WAS INCORPORATED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2023.

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

Authentication: 203616633

Date: 06-03-24