To. 18506176383

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Division of Corporations

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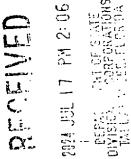
Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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Email	Address:		

FOREIGN PROFIT/NONPROFIT CORPORATION DRAYTON DISMANTLING AND DISTRIBUTION LTD. CORP.



Certificate of Status	0
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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.

DRAYTON DISMANTLING AND DISTRIBUTION ETD.							
(Enter name of c	corporation; must include "INCORPORATED," " [orp," "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION,"					
Drayton Dismar	ntling and Distribution Ltd. Corp.						
(If name unavail	lable in Florida, enter alternate corporate name ado	opted for the purpose of transacting busin	ess in Florida)				
Wyoming 2.	3.						
	ry under the law of which it is incorporated)	(FEF number, if applicable)					
4.	5.	(Date of duration, if other than per	matual)				
(174)	(Date of incorporation) (Date of duration, it other than						
7. 7901 4th St N ST	(Date this transacted business in FI (SEE SECTIONS 607,1501 & 607,1502 E 300 St. Petersburg FL 33702	lorida, if prior to registration) , F.S., to determine penalty liability)					
	(Principal office	street address)					
7901 4th St N ST	FE 300 St. Petersburg FL 33702						
	(Current mailing a	ddress, if different)	2024 JUL 17				
8. Name and <u>stre</u> e	 Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) 						
Name:	Northwest Registered Agent LLC	<u>_</u>	! 7				
Office Address:	7901 4th St N STE 300						
	St. Petersburg	. Florida 33702	<u>i</u> : 2				
	(City)	(Zip code)	ω				

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.

(Registered agent's signature)

10. Attached is a certificate of existence duly anthenticated, 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.

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A. DIRECTORS Lookmanjee, Hossein □ Chairman Chairman Name: ElVice Chairman Address: ☐ Vice Chairman Address: 7901 4th St N STE 300 **⊵**:Director ... Director St. Petersburg FL 33702 President □ President ☐ Vice President □ Vice President □ Secretary Treasurer □ Secretary □ Treasurer □ Other _____ □Other ____ □Other _____ □Other _____ Khetty Dawoodbhoy, Sarah □Chairman □ Chairman Name: ☐Vice Chairman Address: ______ □ Vice Chairman Address: 7901 4th St N STE 300 FiDirector. — Director St. Petersburg FL 33702 President □ President □Vice President □ Vice President ☑ Treasurer ⊠ Secretary □ Secretary □ Treasurer COther _____ □Other □ Other ______ □Other □Chairman □ Chairman Name: _____ Name: Address: LJVice Chairman Address: ∟ Vice Chairman Director □ Director ElPresident **President** ElVice President □ Vice President □ Secretary ☐ Freasurer □ 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. Hussein Lookmaniee Signature of Director of Officer

The officer or director signing this document (and who is listed in number 41 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.

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office.

DRAYTON DISMANTLING AND DISTRIBUTION LTD.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **April 23**, **2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000852672**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 8th day of July, 2024 at 9:33 AM. This certificate is assigned ID Number 074167628.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.