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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer.				

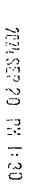




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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SETTRED INTERNATION	ONAL DEVELOPM	ENT LIMITED	
	ne of corporation -	must include suffix	· · · · · · ·
Dear Sir or Madam;			
The enclosed "Application by Foreign "Certificate of Existence," or "Certific above referenced foreign corporation"	cate of Good Stand	ing" and check are subm	
Please return all correspondence conc	erning this matter t	o the following:	
Mengge Wang			
	Name of P	erson	
SETTRED INTERNATIONAL DEVELO	PMENT LIMITED		
	Firm/Comp	any	
1800 N Green Valley Pkwy, APT 621			
	Addres	S	
Henderson/NV, 89074			
	City/State and	d Zip code	
selina@settreden.com			
E-mail add	ress: (to be used fo	r future annual report no	tification)
For further information concerning thi	is matter, please ca	11:	
Mengge Wang	314) 2036333 Daytime Telepho	
Name of Person	Area Code	Daytime Telepho	ne Number
STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a check for the following: Please make check payable to: FLORIDA \$70.00 Filing Fee \$78.75 F Certifica	A DEPARTMENT O	OF STATE \$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.

1. SETTRED INT	ERNATIONAL DEVELOPMENT LIMITED 🤇	orP		
(Enter name of c	orporation; must include "INCORPORATED," orp." "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
SETTRED INT	ERNATIONAL DEVELOPMENT LIMITED C	orp.		
(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting bu	siness in Florida)	
California	$\frac{3}{2}$ Ty under the law of which it is incorporated)	3 821710643		
4(Date	of incorporation)	5. (Date of duration, if other than perpetual)		
6.				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability)		
7. 27101 Airport Re	l, Punta Gorda, FL 33982			
	(Principal office	e <u>street</u> address)		
1800 N Green V	alley Pkwy, APT621, Henderson, NV, 89074			
	(Current mailing	address, if different)		
8. Name and <u>stree</u>	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Mandie Chianult Silva			
Office Address:	27101 Airport Rd			
	Punta Gorda	, Florida 33982 (Zip code)	2020	
	(City)	(Zip code)	2024 SEP 2	
9. Registered ag	ent's acceptance:			
Having been nam designated in this further agree to c	ned as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes relevant and accept the obligations of my posi	ent as registered agent and agree to lative to the proper and complete po	act in this capacity. I	
			<u> </u>	
_	(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.

A. DIRECTORS	$\mathcal{L}_{\mathcal{A}} = \{ \mathbf{c} \mid \mathbf{c} \in \mathcal{A} \mid \mathbf{c} \in \mathcal{A} \mid \mathbf{c} \in \mathcal{A} \}$			
□Chairman	Name:	□Chairman	Name:	
□ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	Apt 621, Henderson, NV, 89074	□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
■Other	ed Persor	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President	_	
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other		□Other		□Other
□Chairman	Name;	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		Other
	Use an attachment to report more than six (6). The atta added to the index when filing your Florida Departme			urposes only. Non-indexed
12	Mengge I Signature of Director of	Wang		
	Signature of Director of	or Officer		
	ctor signing this document (and who is listed in number also information submitted in a document to the Depart			
13. Mengge Wa	ng			





I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: SETTRED INTERNATIONAL DEVELOPMENT LIMITED

Entity No.: 4026210 **Registration Date:** 05/15/2017

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

GEAL OF THE OF

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 06, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 245201324

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.