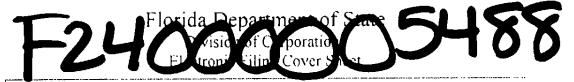
10/21/24, 9:58 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I2004000031 Phone : (800)906-9220 : (800)906-9880 Fax Number

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

Fmail	Address:	

### FOREIGN PROFIT/NONPROFIT CORPORATION CIRCULARITY HOLDINGS, LTD.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$78.75

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To:

## 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.

CIRCULARITY HOLDINGS, ETD. CORP								
(Enter name of c	orporation, must include "INCORPORATED," orp.," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"						
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting b	usiness in Florida)					
2. NEVADA	3							
(State or countr	y under the law of which it is incorporated)	ted) (FEI number, if applicable)						
4, 04/07/2023	5.							
(Date	5	(Date of duration, if other than	r than perpetual)					
6.								
7	AVE, UNIT 4102, SUNNY ISLES BEACH, FL. (Principal office							
1,11,11,11,11,11,11,11,11,11,11,11,11,1	(Current mailing	address, if different)	202					
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2024 (15)					
Name:	Dina Romano		. <u>.</u>					
Office Address:	15701 COLLINS AVE, UNIT 4102,	_						
	SUNNY ISLES BEACH	. Florida 33160	12					
	(City)	(Zip code)	<u>ය</u> ය					

#### 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.

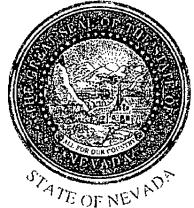
/s/ Dina Romano		 
(Registered agent	s signature)	

<sup>10.</sup> 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 Sampson Glassman □Chairman Name: \_\_\_\_\_ □ Chairman 4117 River Garden Trail Address: Address: □ Vice Chairman ☐ Vice Chairman Austin, TX 74746 □Director Director "IPresident ■President 🗇 Vice President TVice President \_\_\_ []Treasurer □ Treasurer "ISecretary ☐ Secretary □Other \_\_\_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_\_\_ ∃Other \_\_\_\_\_ ∐Chairman Name: \_\_\_\_\_ ☐ Chairman Name: TiVice Chairman Address: □ Vice Chairman Address: □ Director □Director □ President □President TVice President □Vice President \_\_\_\_\_ □Treasurer □ Secretary □Treasurer $\square$ Secretary ПОther \_\_\_\_\_ □Other \_\_\_\_\_\_ □Other \_\_\_\_ Name: **∐**Chairman → Chairman Name: \_\_\_\_\_ □ Vice Chairman Address: □Vice Chairman Address: **Director** ∃Director **HPresident CIPresident** □Vice President Ti Vice President \_\_ □Treasurer ☐ Secretary Tireasurer. □Secretary □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. I2. \_\_\_ /S/ Sampson Glassman 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.

# SECRETARY OF STATE





I. FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that 1 am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **CIRCULARITY HOLDINGS**, **LTD**, as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 04/07/2023, and in good standing in this State.



Certificate Number: B202410085031273

You may verify this certificate

online at https://www.nysilverflume.gov/home

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Scal of this State, at my office on 10/08/2024.

FRANCISCO V. AGUILAR Secretary of State