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COVER LETTER

TO: Registration Section Division of Corporation	ns		
SUBJECT: Manor Financial I	nc		
	Name of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence," or above referenced foreign corporations and the company of the corporation of the corpor	Certificate of Good Standi	ng" and check are subr	
Please return all correspondent	ce concerning this matter to	o the following:	
Raj Ginne			
	Name of Pe	erson	
Manor Financial Inc			
	Firm/Comp	any	
32343 Sapna Chime Dr			
	Addres	s	
Wesley Chapel, FL 33545			
	City/State and	l Zip code	
r@manorfinancial.com			
E-n	nail address: (to be used fo	r future annual report ne	otification)
For further information concer	ning this matter, please cal	II:	
Raj Ginne	703 at (587-4863	
Name of Person	Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
	ORIDA DEPARTMENT (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.

Manor Financial	<u> </u>		_		
	orporation; must include "INCORPORATED," orp," "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATI	ON."		
(If name unavails	able in Fłorida, enter alternate corporate name ac	dopted for the purpose of transac	ting business i	n Florida	_
Delaware	3.				
	y under the law of which it is incorporated) (FEI number. if a		ipplicable)		
Jun 3, 2015	5				
	te of incorporation) (Date of durati		on, if other than perpetual)		
					_
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		ility)		_
100 S Ashley Dr	rive, Suite 600-2565, Tampa Florida 33602				
`	(Principal office	e street address)	<u> </u>	•	_
32343 Sapna Cl	nime Dr, Wesley Chapel, FL 33545				
	(Current mailing	address, if different)			-
Name and arms		Day NOT			
. Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)			
Name:	Registered Agents Inc		$C^{i_{n}}$		
Office Address:	7901 4th St N STE 300		· · · · · · · · · · · · · · · · · · ·	· .5	
	St. Petersburg	—— . Florida 33702	•		•
	(City)	(Zip code)			
Dagistared na	ent's acceptance:			, i	
	ent's acceptance. ned as registered agent and to accept service	e of process for the above sta	ted corporati	on:at the	e place
esignated in this	application, I hereby accept the appointme	ent as registered agent and ag	ree to act in	this cap	acity.
urther agree to c and I am familia	omply with the provisions of all statutes rel with and accept the obligations of my posi	lative to the proper and comp ition as registered agent.	lete perform	ance of i	ny dut
	The second secon				
T	David Xaborts				
_	Division Designation	<u> </u>			
	(Registered agent's sig	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 LeRoy Pingho ☑Chairman Chairman Name: 12008 Great Elm Dr ☐ Vice Chairman Address: ☐ Vice Chairman Address: ____ Potomac, MD 20854 ☑ Director Director □President □ President ☐ Vice President ☐ Vice President ☐ Secretary Treasurer ☐ Secretary □Treasurer □Other _____ □Other _____ □Other □Other Raj Ginne Name: □ Chairman □Chairman Name: _____ 32343 Sapna Chime Dr ☐ Vice Chairman Address: □ Vice Chairman Address: Wesley Chapel, FL 33545 ☑ Director □Director □President □President □ Vice President _____ ☐ Vice President ☐Secretary □Treasurer ☐ Secretary □Treasurer Other ____ □Other _____ Other _____ Other ____ Name: _____ □ Chairman □ Chairman Name: ____ □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director □President □President □ Vice President _____ ☐ Vice President ☐ Secretary □Treasurer ☐ Secretary Treasurer □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.

Raj Ginne

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MANOR FINANCIAL, 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 TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MANOR FINANCIAL, INC." WAS INCORPORATED ON THE THIRD DAY OF JUNE, A.D. 2015.

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204473023

Date: 09-24-24