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M. SOLOMON

COVER LETTER

_	ion Section of Corporations				
	CURE TECHNOLOGY VA	ALUE SOLUTI	ONS INC.		
SUBJECT:	Name o	Corporation	- must include suffix		
Dear Sir or Mada	in:				
"Certificate of Ex	oplication by Foreign Cor vistence," or "Certificate of foreign corporation to tra	of Good Stanc	ling" and check are sub	net Business in Florid omitted to register the	a." 2
Please return all o	correspondence concernin	g this matter	to the following:		
SHENGXLTIAN					2024
***		Name of I	Person	er fo	2024 AUG 29
MT LAW LLC					22
		Firm/Com	bany	<u>්</u> නල	
430 Bedford Street	, Suite 200			(15) 건()	R
		Addre	S8	r=2-	<u>بب</u> (5 وک
Lexington, MA 02	420			t	9
· · · · ·		City/State ar	d Zip code		
shirleyliu@milawl	le.com				
	E-mail address:	(to be used fo	or future annual report	notification)	
For further inform	nation concerning this ma	tter, please ca	ill:		
SHENXI TIAN		\$(X) it (345 1899		
Name of		Area Code	Daytime Telep	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	ck for the following amou payable to: FLORIDA DEI Fee	PARTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Certificate of Certified Cop	Status &

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.

(If name unavaila	ble in Florida, enter alternate corporate name add	opted for the purpose of transacting busi	iness in Florid	 la)
		330510361		
2. (State or country	3	(FEI number, if applicab	ole)	_
4. 10/31/2016				
	of incorporation) 5	(Date of duration, if other than p	erpetual)	
6				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) L.F.S., to determine penalty liability)		
_ 2595 Clyde Ave	Suite #2, State College, PA 16801	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ري اتاب	202
1	(Principal office street address)		12-6-	024 AUG
				5 1 N 12
	(Current mailing a	iddress, if different)	<i>O</i>)	
	t address of Florida registered agent: (P.O. 1	Rox NOT acceptable)	المارين المارين	
8. Name and stree	Registered Agents Inc	nox inot accelurate.		ყ ⊂ ნ
Name:		_	eri V	Đ
Office Address:	7901 4th St N STE 300	_		
	St.Petersburg	, Florida <u>33702</u> (Zip code)		
	(City)	(Zip code)		
designated in this	ed as registered agent and to accept service application, I hereby accept the appointme, omply with the provisions of all statutes rele	nt as registered agent and agree to	act in this ca	apacity. L

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			ZHENG WANG
□Chairman	Name: BARRY JOHNSON	□ Chairman	Name: 2595 CLYDE AVE, STE 2
□Vice Chairman	Address: 2595 CLYDE AVE, STE 2	□Vice Chairman	Address:
□Director	STATE COLLEGE	Director	STATE COLLEGE
President	PA, 16801, US	□President	PA, 16801, US
□Vice President		□Vice President	
■ Secretary	□Treasurer	☐ Secretary	Treasurer
Other	□Other	□Other	Other
□Chairman	SHISHU LIN	□Chairman	Name:
□Vice Chairman	2595 CLYDE AVE, STE 2	□Vice Chairman	Address: 2595 CLYDE AVE, STE 2
□ Director	STATE COLLEGE	Director	STATE COLLEGE
□President	PA. 16801. US	□President	PA, 16801, USA
□Vice President		□Vice President	
Secretary	Treasurer	☐ Secretary	Treasurer, 29
□Other	□Other	Other	Onler _ [1]
□Chairman	Name:	□Chairman	Name: STATE 9
	Address:	□Vice Chairman	Address:
Director		□Director	
□President		□President	
□Vice President		□Vice President	
□ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	□ Other
12. The officer or dire	Signature of Director signing this document (and who is listed in nutralse information submitted in a document to the De	rtment of State Annual Re tor or Officer mber 11 above) aftirms th	nat the facts stated herein are true and that he or
,, BARRY J	OHNSON President		

13.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SECURE TECHNOLOGY VALUE SOLUTIONS

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 THIRTIETH DAY OF MAY,

A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SECURE TECHNOLOGY VALUE SOLUTIONS INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2016.

at corp.delaware.gov/auti

Authentication: 203594840

Date: 05-30-24