

Division of Corporations

F24000006268

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 DEC 11 AM 9:55

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Opalvest Holdings Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED
2024 DEC 11 PM 4:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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. Opalvest Holdings Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DE (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)

4. 07/20/2021 (Date of incorporation) 5. (Date of duration, if other than perpetual)

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 39 NE 1st Ave Unit 2A Miami, FL 33132 (Principal office street address) 120 Bloomingdale Rd STE 304 White Plains, NY 10605 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc

Office Address: 7901 4TH ST N STE 300

ST. PETERSBURG, Florida 33702 (City) (Zip code)

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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.

David Roberts (Registered agent's signature)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Schneider, Jeffrey

Vice Chairman Address: _____

Director 7901 4th St N STE 300

President St. Petersburg, FL 33702

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Naar, Victor

Vice Chairman Address: _____

Director 7901 4th St N STE 300

President St. Petersburg, FL 33702

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Epstein, Jason

Vice Chairman Address: _____

Director 7901 4th St N STE 300

President St. Petersburg, FL 33702

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Kenyon, Robert

Vice Chairman Address: _____

Director 7901 4th St N STE 300

President St. Petersburg, FL 33702

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

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.

12. Jeffrey Schneider
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.

13. Jeffrey Schneider, Director
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPALVEST HOLDINGS 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 THIRD DAY OF DECEMBER, A.D. 2024.



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6097402 8300

SR# 20244359776

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

Authentication: 205011221

Date: 12-03-24