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COVER LETTER

-	istration Section ision of Corporations				
SUBJECT	Comply Exchange USA Inc.				
Name of corporation - must include suffix					
Dear Sir or	Madam:				
"Certificate	d "Application by Foreign Corp of Existence," or "Certificate of enced foreign corporation to tra	f Good Standi	ing" and check are subm		
Please retur	n all correspondence concernin	g this matter to	o the following:		
Gerald F Me	ek				
		Name of Po	erson		
		Firm/Comp	any		
107 Sardis C	Grove Ln				
		Addres	S		
Matthews, N	IC 28105-2602				
		City/State and	l Zip code	<u>.</u>	
jerry@bouw					
	E-mail address:	(to be used fo	r future annual report no	otification)	
For further	information concerning this ma	tter, please ca	II:		
Gerald F Me	eek	at (305 921-9301			
Na	me of Person		Daytime Telepho	one 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		
	a check for the following amount check payable to: FLORIDA DE liling Fee	PARTMENT (Fee & 🛚	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.

Comply Exchar	ige USA Inc.		
(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 add	pted for the purpose of transacting bu	ısiness in Florida)
2. Delaware	3. 87	641163	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 06/02/2021	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6.			
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		
, 92 Nassau St Nui	n 60744, New York, NY 10038		
/	(Principal office	street address)	
			202
	(Current mailing a	ddress, if different)	<u> </u>
8. Name and street	et address of Florida registered agent: (P.O. E	Box NOT acceptable)	-1
Name:	Business Filings Incorporated		72
	1200 South Pine Island Road	_	့ မှ
Office Address:	Distriction	22224	0.2
	Plantation	, Florida	
	(City)	(Zip code)	

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.

Michelle Fau, Asst. Secretary for Business Filings Incorporated (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.

A. DIRECTORS Jessica Metts □Chairman □ Chairman 92 Nassau St Num 60744 ☐ Vice Chairman ☐ Vice Chairman Address: Address: New York, NY 10038 ☐ Director □ Director □President President □ Vice President □ Vice President □ Treasurer ☐Treasurer □ Secretary □ Secretary □ Other □Other _____ Other_____ Gerald F Meek □ Chairman □ Chairman Name: _____ 1200 Brickell Ave Address: ☐ Vice Chairman Address: _____ ☐ Vice Chairman Suite 1950 Num 1058 □ Director □ Director Miami, FL 33131 □ President □President □Vice President _____ ☐ Vice President □Treasurer ■ Treasurer ☐ Secretary ☐ Secretary □Other ____ □Other ______ ☐Other _____ Other _____ **David Marley** □ Chairman Name: _____ ☐ Chairman Name: Address: Amberwood, Warren Drive ☐ Vice Chairman Address: ☐ Vice Chairman Kingswood, Surrey KT20 6PY Director Director United Kingdom □President □President ☐ Vice President ☐ Vice President □ Secretary ☐ Treasurer □ Secretary ☐Treasurer ☐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. 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. Gerald F Meek, Treasurer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPLY EXCHANGE USA 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 SIXTEENTH DAY OF DECEMBER, A.D. 2024.

5966019 8300

SR# 20244502832

Authentication: 205150662

Date: 12-16-24

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