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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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| ΚX | FILING | FOREIGN INC |
| | NIVERSAL NAVIGAT ORPORATE NAME AND DOCK | |
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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.

| UNIVERSAL N | INIVERSAL NAVIGATION INC. | | | | | |
|---|---|---|--------------------------------|--|--|--|
| (Enter name of c | orporation; must include "INCORPORATED," orp," "Inc." "Co." or "Corp.") | "COMPANY," "CORPORATIO | DN." | | | |
| (If name unavail | able in Florida, enter alternate corporate name a | dopted for the purpose of transacti | ing business in Florida) | | | |
| DE 2. | 3. | | | | | |
| (State or countr | y under the law of which it is incorporated) | (FEI number, if a | applicable) | | | |
| 4. <u>9/12/2018</u> | 5. of incorporation) | | | | | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | | | | |
| 6 | (Date first transacted business in | | <u></u> | | | |
| | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 | Florida, if prior to registration) 02, F.S., to determine penalty liabi | lity) | | | |
| ₇ 524 Broadway, N | ew York, NY 10012 | | | | | |
| /· | (Principal offic | e <u>street</u> address) | | | | |
| 56 Broad St, STI | E 14030, Boston, MA 02109 | | | | | |
| | (Current mailing | g address, if different) | _ | | | |
| | | | 2025 | | | |
| 8. Name and stree | et address of Florida registered agent: (P.O | . Box NOT acceptable) | | | | |
| Name: | Telos Legal Corp. | | APPROAR FILI | | | |
| Office Address: | 155 Office Plaza Dr | | B PH SOYE | | | |
| | Tallahassee | Florida 32301 (Zip code) | - | | | |
| | (City) | (Zip code) | | | | |
| Having been nam designated in this further agree to c | ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointm comply with the provisions of all statutes re with and accept the obligations of my pos | ent as registered agent and age lative to the proper and compl ition as registered agent. | ree to act in this capacity. I | | | |
| _ | (Registered agent's sig | gnature) | | | | |

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

under the law of which it is incorporated.

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

. A. DIRECTORS Justin Wong Name: __ Name: □ Chairman □Chairman 524 Broadway □Vice Chairman Address: □Vice Chairman Address: New York, NY 10012 □ Director □ Director □President □ President □Vice President ☐ Vice President □Treasurer □ Secretary Treasurer □ Secretary □Other _____ □Other _____ ☐Other _____ □Other _____ Chairman Name: Chairman Name: □Vice Chairman Address: _____ □Vice Chairman Address: ______ ☐ Director □ Director □ President ☐ President □ Vice President _ ☐ Vice President □ Secretary ☐Treasurer ☐ Secretary □Treasurer □Other _____ □Other _____ □Other _____ Name: □Chairman □ Chairman □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director □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

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 can she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$8.817.155, F.S.

Page 1

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "UNIVERSAL NAVIGATION 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 SEVENTEENTH DAY OF JULY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNIVERSAL NAVIGATION INC." WAS INCORPORATED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Adda Control of the c

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 204229341

C. G. Sanchez

Date: 07-17-25

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