8/11/25, 9:30 AM

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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

American comet, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Aug #1, 2025 06,34 To: ~18506176383 Pege: 2/4 Fax 18134365206

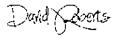
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

American comet	t. Inc.		
	orporation: must include "INCORPORATED." * forp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ado	onted for the nurnose of transacting business is	Florida)
СО	·		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
06/12/2017	5.		
(Date	of incorporation)	(Date of duration, if other than perpetua	al)
	(Date first transacted business in F (SEE SECTIONS 607,1501 & 607,1502	lorida, if prior to registration) , F.S., to determine penalty liability)	
1031 Ives Dairy re	d Suite #228-1052 Miami FL 33179		25
	(Principal office	street address)	761
1031 Ives Dairy F	Rd Suite 228-1052 miami FL 33179		'. '
	(Current mailing a	iddress, if different)	
			ķН II: 22
Name and street	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	7. 2
Name:	Registered Agents Inc		2
ffice Address:	7901 4th St N STE 300		
	St. Petersburg	, 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.



(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.

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A. DIRECTORS Chris Reid Aaron Vallon Name: ___ Chairman □Chairman Name: __ 1031 ives Dairy Rd Suite #228-1052 1031 Ives Dairy Rd Suite #228-1052 □Vice Chairman Address: □Vice Chairman Address: Miami Florida 33177 miami Florida 33179 Director □Director □President □ President □Vice President □Vice President □ Secretary □Treasurer □Secretary **Z**Treasurer □Other ____ □Other _____ □Other _____ □Other_____ Rodney Goree **Gregory Goree** □Chairman Name: □Chairman Name: __ 1031 Ives Dairy Rd Suite #228-1052 2444 nw 177th ter Address: □Vice Chairman Address: □ Vice Chairman miami Florida 33179 miami FL 33056 Director □Director □President President □ Vice President □Vice President Secretary ☐ Treasurer ☐Secretary: ☐Treasurer □Other _____ □Other _____ ☐Other _____ □ Chairman □ Chairman Name: □Vice Chairman Address: □Vice Chairman Address: □Director □ Director □President □ President □Vice President □ Vice President ☐ Secretary □Treasurer Treasurer | ☐ Secretary □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.

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OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

AMERICAN COMET, INC.

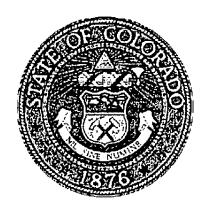
is a

Corporation

formed or registered on 06/12/2017—under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20171440227.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/23/2025 that have been posted, and by documents delivered to this office electronically through 07/28/2025 @ 09:44:26.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/28/2025 @ 09:44:26 in accordance with applicable law. This certificate is assigned Confirmation Number 17530600



Secretary of State of the State of Colorado.

***************End of Certificate*********

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/Certificate/Search/Citicria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional, and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov/click/"Businesses, trademarks, trade names" and select "Frequently Asked Questions."