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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

Enter the email address for this business entity to be used for future $_{\mathcal{O}}$ 🔩 annual report mailings. Enter only one email address please.**

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FOREIGN PROFIT/NONPROFIT CORPORATION

Longwood Group, Inc.

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

Sep 09, \$25 12 3 To: +18506176383 Pege: 2/4 Fax: 18134365206

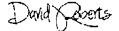
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

	Corp." "Inc." "Co." or "Corp.")			
Longwood Grou	ip 1, lnc.			
(If name unavail	lable in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in I	-lorida)	
2. TX	3.			
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)		_
4. 10/12/2018	5.			
(Date	e of incorporation)	(Date of duration, if other than perpetual)	_
6.				
·	(Date first transacted business in	Florida, if prior to registration)		_
	(SEE SECTIONS 607.1501 & 607.150	02, F.S., to determine penalty hability)	123	1
7. 1116 Anne Elisa	Cir Saint Cloud FL 34772		<u> </u>	-
	(Principal offic	e <u>street</u> address)	ີບ	
1116 Anne Elisa	Cir Saint Cloud FL 34772		_ b	**
	(Current mailing	g address, if different)	<u></u>	: ::::::::::::::::::::::::::::::::::::
			ά	
8. Name and stre	Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)		ယ	
Name:	Registered Agents Inc	<u> </u>	w	•
Office Address:	7901 4th St N STE 300			
	St. Petersburg	. Florida <u>33702</u>		
	(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 Mazzagatti, Anthony Name. Chairman □Chairman □Vice Chairman Address: □Vice Chairman Address: 1116 Anne Elisa Cir. ☑ Director □ Director Saint Cloud FL 34772 □ President @President □Vice President □Vice President ☑ Treasurer □Secretary ☐Treasurer □Other _____ Other _____ □Other _____ □Other _____ Name: _____ □Chairman Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director □ President □ President □Vice President _ □ Vice President □ Secretary Treasurer □ Secretary □Treasurer Other _____ □Other _____ □Other _____ □Chairman Name: Chairman Name: □Vice Chairman Address: □Vice Chairman Address: □ Director □ Director □ President □President □Vice President _____ □Vice President □Treasurer □ Secretary ☐ Secretary Treasurer □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 5.817.155, F.S.

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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Longwood Group, Inc. (file number 803145959), a Domestic For-Profit Corporation, was filed in this office on October 12, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 07, 2025.



Jane Nelson Secretary of State

Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services Prepared by: SOS-WEB TID: 10264 Document: 1515879260003