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| (Řŧ | equestor's Name) | |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

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| TO: | Registration Section Division of Corporations | |
|---------|---|--|
| SUBJI | FME US, LLC | |
| SOIM | | Name of Limited Liability Company |
| | | ted Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florid |
| Please | return all correspondence concerning | this matter to the following: |
| | NICHOLIS PAIUSCO | |
| | | Name of Person |
| | CAPUTO & ASSOCIATE | ES CPA'S P.C. |
| | | Firm/Company |
| | 538 WESTCHESTER AV | /ENUE |
| | | Address |
| | RYE BROOK, NY 10573 | |
| | | City/State and Zip Code |
| | NPAIUSCO@CACPAS.OF | RG |
| | E-mail ac | ddress: (to be used for future annual report notification) |
| For fur | rther information concerning this matt | er, please call: |
| | NICHOLIS PAIUSCO | 914 937-0880 |
| | Name of Contact I | Person Area Code Daytime Telephone Number |
| | Mailing Address: Registration Section | Street Address: Registration Section |
| | Division of Corporations P.O. Box 6327 | Division of Corporations The Centre of Tallahassee |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| | | ng amount: ORIDA DEPARTMENT OF STATE .00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy of Status & Certified Copy |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Figure and votation, circle discounts in | ame adopted for the purpose of transacting business in Flor | ida. The alternate name must include "Limited Liability Com | ipany," "L.L.C," or "LLC. |
|--|--|---|--|
| DELAWARE | | 27-1829988 | |
| (Jurisdiction under the law of w | hich foreign limited liability company is organized) | 3. (FE) number, if applie | able) |
| · | Date first transacted business in Florida. If prior to re- | unitration.) | |
| | (Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine | penalty liability) | |
| II LAKE AVENUE | | 11 LAKE AVENUE | |
| treet Address of Principal Office) | | 6(Mailing Address) | |
| FLOOR 3 | | FLOOR 3 | |
| DANBURY, CT 06811 | -5258 | DANBURY, CT 06811-5258 | |
| Name and street addres | s of Florida registered agent: (P.O. Box | NOT acceptable) | |
| | BLUMBERGEXCELSIOR CORPORA | TE SERVICE S, INC. | 100 PM |
| Name: | | | (|
| Name: Office Address: | 155 OFFICE PLAZA DRIVE, 1ST FLO | OOR | |
| | | | 10.000 to 10.000 |
| | 155 OFFICE PLAZA DRIVE, 1ST FLO | , Florida(Zip code) | 35. |

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Name: DTT HOLDINGS, LLC Name: ____FME HOLDINGS, INC □Manager □Manager 90 GROVE STREET 139 SLEEPY HOLLOW RD ■ Member ■ Member RIDGEFIELD, CT 06877-4114 RIDGEFIELD, CT 06877-2326 □ Authorized □ Authorized Person Person Other □Other Other □Other Name: FRANK D'ENTRONE Name: ______ □Manager □Manager Address: 139 SLEEPY HOLLOW RD □Member Address: _ _ ___ RIDGEFIELD, CT 06877-2326 □ Authorized ■ Authorized Person Person □Other_____ □Other_____Other □Manager □Manager ☐ Member Address: □Member ☐ Authorized □ Authorized Person Person □Other__ □Other ____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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. Signature of an authorized person

Typed or printed name of signee

FRANK D'ENTRONE



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FME US, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE NINTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FME US, LLC" WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2010.

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



Authentication: 203871130

Date: 08-09-21