Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001507013)))



| | Doing no will gollorate all | other cover sheet. | |
|----------|--|--|--------------------------------|
| To: | | | |
| | Division of Corporations Fax Number : (850)617 | 7-6383 | |
| From: | | | |
| | Account Name : CORPORAT | | IONAL INC. |
| | Account Number : 11043200 Phone : (561)69 | | <i>.</i> |
| | | | |
| annual r | Fax Number : (561)216 mail address for this busin eport mailings. Enter only | 4-8442 ess entity to be used | d for future ease.** ——— |
| annual r | Fax Number : (561)216 mail address for this busingeport mailings. Enter only | 4-8442 ess entity to be used one email address pl | d for future ease.** |
| annual r | Fax Number : (561)216 mail address for this busin eport mailings. Enter only dress: Foreign Limited Liab | 4-8442 ess entity to be used one email address pl | d for future ease.** |
| annual r | Fax Number : (561)216 mail address for this busin eport mailings. Enter only dress: Foreign Limited Liab 438 9th Stree | 4-8442 ess entity to be used one email address pl | d for future ease.** |
| ennual r | Fax Number : (561)216 mail address for this busing the seport mailings. Enter only dress: Foreign Limited Liab 438 9th Street | ess entity to be used one email address plusting Company t LLC | d for future ease.** |

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| name musvaliable, edler alletimte name 40 | opted for the purpose of transacting business in Florida. Th | e aiternate name must inc | nun gantes samuning company, man | C. OF L |
|---|--|---------------------------|----------------------------------|-----------------|
| Delaware (Jurisdiction under the law of which for | eign limited liability company is organized) | . <u> </u> | (FEI number, if applicable) | |
| (r) | lete first transacted business in Florids, if prior to registrati- see sections 603,0904 & 603,0903, P.S. to determine penall | on) 'y liebelity'i | | |
| 1105 Dixie Hwy | 6. | 1105 Dixie | e Hwy | - 23 |
| West Palm Beach, FL | . 33401 | | Beach, FL 33401 | 2022 APKIZO |
| Name and <u>street address</u> of I | Florida registered agent: (P.O. Box <u>NOT</u> | | - | |
| Name: Co | orporate Creations Network Inc. | | | |
| Office Address: 80 | 01 US Highway 1 | | | |
| | orth Palm Beach | | 33408 | |

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

| /s/ Caitlin Lazarus | Caitlin Lazarus, Special Secretary |
|---------------------|------------------------------------|
| | A |

(Registered agent's zignature)

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: | Name and Address: | Title or Capacity | <u>:</u> | Name and Address: |
|--------------------|---------------------------|-------------------|----------|-------------------|
| XManager | Name: NDT Member LLC | □Manager | Name: | |
| □Member | Address: 1105 Dixie Hwy | □Member | Address: | |
| □Authorized | West Palm Beach, FL 33401 | □Authorized | | |
| Person | | Person | *** | |
| Other | Other | □Other | ····· | □Other |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □Authorized | | □Authorized | | |
| Person | | Person | | |
| Other | □Other | □Other | | Other 1PR |
| □Manager | Name: | ☐Manager | Name: | 26 FH 12: |
| □Member | Address: | □Member | Address: | 72 |
| □Authorized | | □Authorized | | |
| Person | | Person | | |
| 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.

- 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.

| /s/ Caitlin Lazarus | |
|-----------------------------------|--|
| Signature of an authorized person | |
| Caitlin Lazarus, Attorney-in-Fact | |
| Typed or printed name of signer | |

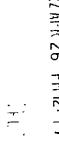
Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "438 9TH STREET 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 TWENTY-SIXTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "438 9TH STREET LLC" WAS FORMED ON THE NINETEENTH DAY OF APRIL, A.D. 2022.

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





Authentication: 203273258

Date: 04-26-22