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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON
Account Number : 076376001555
Phone : (803)255-9617
Fax Number : (561)483-7321

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: imeisels@pricelessresources.com

Foreign Limited Liability Company

Telnet USA, LLC

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|-----------------------|----------|
| Certificate of Status | 0 |
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2023 MAY 17 PM 3:47

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ST. TALLAHASSEE, FL

2023 MAY 17 PM 1:49

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Fax Audit No. H23000183515 3

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

IN COMPLIANCE WITH SECTION 9150XG2, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Telnet USA, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC"

Delaware

92-1-162695

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. (Use first transacted business in Florida, if prior to registration)
(See sections 905.0904 & 605.0905, F.S. to determine penalty liability)

63 Flushing Ave. Bldg 11A

5. (Street Address of Principal Office)

6. (Mailing Address)

Brooklyn, NY 11205

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee, Florida 32301
(City) (Zip code)

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.

[Signature]
(Registered agent's signature)

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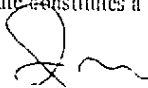
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|------------------------------------|---|------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: Isaac Meisels | <input checked="" type="checkbox"/> Manager | Name: Yasir Abdul |
| <input checked="" type="checkbox"/> Member | Address: 63 Flushing Ave. Bldg 11A | <input checked="" type="checkbox"/> Member | Address: 63 Flushing Ave. Bldg 11A |
| <input type="checkbox"/> Authorized | Brooklyn, NY 11205 | <input type="checkbox"/> Authorized | Brooklyn, NY 11205 |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager | Name: | <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: | <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | | <input type="checkbox"/> Authorized | |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager | Name: | <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: | <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | | <input type="checkbox"/> Authorized | |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> 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. 17.155, F.S.



 Signature of an authorized person

Isaac Meisels

 Typed or printed name of signer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TELNET USA, 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 SEVENTEENTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TELNET USA, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2022.

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



7204687 8300

SR# 20232130519

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203367878

Date: 05-17-23