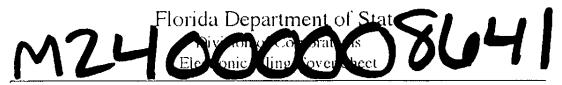
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Division of Corporations



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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*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 Limited Liability Company SINTETICA US LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
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Help

JUL () 9 2924 . Rrumbley To. 18506176383 From: 12147128131 Date: 07/08/24 Time: 8:30 PM Page: 02/04

(((H24000231921 3)))

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

IN COMPLIANCE WITH SECTION (98.000), FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

|  | dopted for the purpose of transacting business i  | r. Florida. The alternal                     | te rame must include "Limited Liab | thty Company," "L L C." | or "LLC ")  |
|--|---|--|------------------------------------|-------------------------|-------------|
| Delaware   |   | 2  |                                    |                         |             |
| (Jurisdiction under the law of which foreign limited liability company is organized) |   |  | (FEI number,                       | if applicable)          | <del></del> |
| 4  |   |  |                                    |                         |             |
| e<br>(   | Dute first transacted business in Florata, if prio<br>(See sections 603 0904 & 505 0905, F.S. to deta | to registration )<br>rmine penalty liability | y)                                 |                         |             |
| 5.<br>(Street Address of Frincips! Office)   |   | 6  | (Mailing Address)                  |                         |             |
| 301 Carnegie Center, Suite 304 301 C   |   | Carnegie Center, Suite 30                    | ы<br>                              |                         |             |
| Princeton, NJ, 08540   |   | Princ  | ceton, NJ, 08540                   |                         |             |
| 7. Name and <u>street address</u> of   | Florida registered agent. (P.O. B   | ox <u>NOT</u> accep                          | table)                             | 2 <b>821 J</b>          | 75          |
| LE<br>Name.  | GALINC CORPORATE SERVI  | CES INC.                                     | _                                  | 金融を                     | PPR(        |
| 476 Riverside Ave.   |   | _  | 和で<br>円向<br>型の                     |                         |             |
| Jac  | Jacksonville  |  | 32202<br>, Florida                 | 1.29<br>0.00            |             |
|  | (City)  |  | (Zip code)                         | <del></del> ·           |             |

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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].

| Title or Capacity:  | Name and Address:               | Title or Capacity:  | Name and Address:               |
|---|---------------------------------|---|---------------------------------|
| □Manager  | Name: Francis William Mullery   | □Manager  | Name: Sintetica Holdings        |
| ≅Member   | Address.                        | Member  | Address.                        |
| □Authorized   | 301 Carnegie Center, Suite 304, | ∐Authorized   | 301 Carnegie Center, Suite 304. |
| Person  | Princeton, NJ, 08540            | Person  | Princeton, NJ, 08540            |
| □Other  | □ Other                         | Other   | Other                           |
| □Manager  | Name.                           | □Manager  | Name                            |
| □Member   | Address.                        | □Member   | Address.                        |
| □Authorized   |                                 | □Authorized   |                                 |
| Person  |                                 | Person  |                                 |
| El Other  |                                 | []Other   | Other                           |
| □Manager  | Name.                           | □Manager  | Name:                           |
| □M <b>e</b> mber  | Address.                        | □Member   | Address.                        |
| □Authorized   |                                 | □Authorized   |                                 |
| Person  |                                 | Person  |                                 |
| □Other  | Other                           | □Other  | Other                           |
| □ Manager □ Member □ Authorized Person □ Other □ Manager □ Member □ Authorized Person | Name                            | ☐ Manager ☐ Member ☐ Authorized ☐ Person ☐ Other ☐ Manager ☐ Member ☐ Authorized ☐ Person | Name                            |

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.

| Frank Mullery                     |                      |
|-----------------------------------|----------------------|
| Signature of an authorized person |                      |
| Francis William Mullery           | (((H24000231921 3))) |
| Typed or printed name of signee   | <del></del>          |

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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 "SINTETICA 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 FOURTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SINTETICA US LLC" WAS FORMED ON THE FOURTEENTH DAY OF JULY, A.D. 2022.

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

Authentication: 203628311

Date: 06-04-24

5913503 8300 SR# 20242769956

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