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| Certified Copies Certificates of Status | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | |
| operation is a training officer. | | | | | | | |
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COVER LETTER

| TO: | Division of Corporations | siana Ina | | | |
|--------|--|---------------------|----------------|---|--|
| SUB. | United Builders Solu- JECT: | BONS INC. | | | |
| | Nam | e of corporation | - mus | t include suffix | |
| Dear | Sir or Madam: | | | | |
| "Cert | nclosed "Application by Foreign (ificate of Existence," or "Certifica referenced foreign corporation to | te of Good Stan | ding" | and check are sub | et Business in Florida." mitted to register the |
| | e return all correspondence concer anda de Melo | ming this matter | to the | following: | |
| | - | Name of | Person | | |
| Unite | ed Builders Solutions Inc. | | | | |
| | | Firm/Com | pany | | |
| 566 | Wilbur Ave, Suite #4 | | | | |
| Swa | nsea, MA 02777 | Addre | ess | | |
| ader | nelo@ubsframers.com | City/State a | nd Zip | code | |
| | E-mail addro | ess: (to be used f | or fute | ire annual report r | otification) |
| For fi | urther information concerning this | matter, please c | all: | | |
| Arma | ande de Melo | 774 | 69 | 1-0108 | |
| | Name of Person | _ at (Area Code |) u | Daytime Telep | none Number |
| | STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303 | | | MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F | ection orporations 7 |
| Please | osed is a check for the following as e make check payable to: FLORIDA 10.00 Filing Fee | DEPARTMEN <u>T</u> | ₹ \$78. | FATE 75 Filing Fee & ified Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy |

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.

| (If name unavaii | able in Florida, enter alternate corporate name a | dopted for the purpose of transacting bus 82-1392337 | siness in Florida) | |
|---|---|---|------------------------|--|
| | 3. | 02-1092001 | | |
| (State or country under the law of which it is incorporated 05/04/2017 (Date of incorporation) | | | | |
| | | (Date of duration, if other than perpetual) | | |
|). | | | | |
| 566 Wilbur A | | 02, F.S., to determine penalty liability) | | |
| ⁷ | ve, Suite #4, Swansea MA 02777 | 02, F.S., to determine penalty liability) e street address) | | |
| 7 | ve, Suite #4, Swansea MA 02777 (Principal office) | ee <u>street</u> address) | | |
| '. <u> </u> | ve, Suite #4, Swansea MA 02777 (Principal office) | | 2024 <i>i</i> | |
| Same | ve, Suite #4, Swansea MA 02777 (Principal office) | g address, if different) | 2024 1.57 | |
| Same Name and stree | ve, Suite #4, Swansea MA 02777 (Principal office) (Current mailing) | g address, if different) | 2024 1572 - 1 | |
| Same | (Principal office (Current mailing et address of Florida registered agent: (P.O.) Northwest Registered Agent LLC | g address, if different) | | |
| Same Same Same | (Principal office (Current mailing et address of Florida registered agent: (P.O.) | g address, if different) | | |
| Same S. Name and stree Name: | (Principal office (Current mailing et address of Florida registered agent: (P.O. Northwest Registered Agent LLC 7901 4th St N STE 300 | g address, if different) | 2024 1.52 - 1 P1112: 3 | |

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.

| & DIRECTORS | Sandro L Venancio | | Sandro L Venancio | |
|--|--|--------------------------|--|--|
| □Chairman | Name: | Chairman | Name:566 Wilbur Ave, Suite #4 Address: | |
| ☐Vice Chairman | Address: | □Vice Chairman | | |
| Director | 566 Wilbur Ave, Suite #4 | Director | Swansea, MA 02777 | |
| President | Swansea, MA 02777 | President | | |
| ☐Vice President | | ☐ Vice President | | |
| □Secretary | □]l'reasurer | Secretary | Treasurer | |
| Dther | Dther | Other | Other | |
| Chairman Vice Chairman | Sandro L Venancio Name: 566 Wilbur Ave, Suite #4 Address: Swansea, MA 02777 | _ | Name: | |
| ☐Director☐President | | □Director □President | | |
| | | ☐Vice President | | |
| Secretary | Freasurer | ☐ Secretary | ☐]Treasurer | |
| Other | Other | Dther | Other | |
| □Chairman □Vice Chairman | Name: | □Chairman □Vice Chairman | Name: | |
| Director | | Director | | |
| President | | President | | |
| ☐Vice President | | ☐Vice President | | |
| Secretary | ☐]Treasurer | □Secretary | □∏reasurer | |
| Other | | Dther | Other | |
| Important Notice: individuals may b | Use an attachment to report more than six (6). The attace added to the index when filing your Florida Departme | nt of State Annual Re | eport form. | |
| 12 | Signature of Director o | r Officer | | |
| The officer or dire | ector signing this document (and who is listed in number alse information submitted in a document to the Depart | r 11 above) affirms th | nat the facts stated herein are true and that he or utes a third degree felony as provided for in | |

Sandro L Venancio - President



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

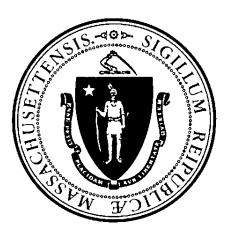
Date: March 21, 2024

To Whom It May Concern:

I hereby certify that according to the records of this office.

UNITED BUILDERS SOLUTIONS INC.

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travin Galicin

Certificate Number: 24030406380

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: