

**STATE OF NEW YORK  
DEPARTMENT OF STATE**

I hereby certify that the annexed copy for [REDACTED], File Number [REDACTED] has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 10, 2024.

WALTER T. MOSLEY  
Secretary of State



BRENDAN C. HUGHES  
Executive Deputy Secretary of State



Authentication Number: [REDACTED] To Verify the authenticity of this document you may access the  
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>

CERTIFICATE OF INCORPORATION  
OF  
[REDACTED]  
Under Section 402 of the Business Corporation Law

I, the undersigned, a natural person of at least 18 years of age, for the purpose of forming a corporation under Section 402 of the Business Corporation Law of the State of New York hereby certify:

- FIRST: The Name of the corporation is: [REDACTED]
- SECOND: This corporation is formed to engage in any lawful act or activity for which a corporation may be organized under the Business Corporation Law, provided that it is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.
- THIRD: The county, within this state, in which the office of the corporation is to be located is **NEW YORK**
- FOURTH: The total number and value of shares of common stock which the corporation shall have authority to issue is **1000000 SHARES WITH A PAR VALUE OF \$823.00 PER SHARE**
- FIFTH: The Secretary of State is designated as agent of the corporation upon whom process against the corporation may be served. The post office address to which the Secretary of State shall mail a copy of any process against the corporation served upon the Secretary of State by personal delivery is:  
[REDACTED]

I certify that I have read the above statements, I am authorized to sign this Certificate of Incorporation, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

[REDACTED SIGNATURE]

Filed by:



DECENTIS

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: [REDACTED]  
DOS ID Number: [REDACTED]  
Entity Type: DOMESTIC BUSINESS CORPORATION  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 10/10/2024  
  
Statement Status: CURRENT  
Statement Due Date: 10/31/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on October 10, 2024 at 05:43 P.M.

WALTER T. MOSLEY  
Secretary of State

BRENDAN C. HUGHES  
Executive Deputy Secretary of State

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[REDACTED]

I certify that I have read the above statements, I am authorized to sign this Certificate of Incorporation, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

[REDACTED]

Filed by:



DECENTIS