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COVER LETTER

TO:	_	tration Section ion of Corporations				
SUBJ	FCT:	Calculated Moves, PC				
., ., .,		Name o	of corporatio	n - must include suffix	·	
Dear S	ir or M	adam:				
"Certif	icate of		of Good Sta	Authorization to Transact Ending" and check are submites in Florida.		
Please	return a	all correspondence concerni	ng this matte	er to the following:		
Donna	Bordea	ИХ				
			Name of	Person		
Calcula	ited Mo	ves, PC				
			Firm/Cor	прапу		
2764 P	leasant	Rd Ste A #990				
			Addı	ress	_	
Fort M	ill SC 29	9708				
			City/State a	and Zip code		
donna@	Tealcula	itedmoves.com				
		E-mail address:	(to be used	for future annual report noti	fication)	
For fur	ther inf	ormation concerning this ma	atter, please	call:		
Donna	Bordeau	ıx	704	968-8845		
	Name	e of Person	Area Coo		ne Number	
	Regist Divisi The C 2415 Y	ET/COURIER ADDRESS tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	3 :	MAILING ADD Registration Sect Division of Corpe P.O. Box 6327 Tallahassee, FL	ion orations	
	nake che	check for the following amore payable to: FLORIDA DE ng Fee	PARTMENT Fee & - [S87.50 Filing Fee. Certificate of Status & Certified Copy	

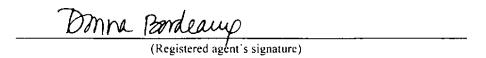
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Calculated Moves (2C), 1dC							
	orporation: must include "INCORPORATE orp." "Inc.," "Co.," or "Corp.")	ED.	" "COMPANY," "CORPORATION,"				
(If name unavails	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting busi	ness in Florida)			
South Carolina			56-2193105 3.				
(State or country under the law of which it is incorporated)			(FEI number, if applicable)				
2/25/2013		5.	perpetual				
	of incorporation)		(Date of duration, if other than p	her than perpetual)			
07/01/2024							
	y Dr. Port St Lucie, FL 34986	 offi	cc street address)				
71762 3 W Villag			g address, if different)				
Name and street address of Florida registered agent: (P.C. Name: Donna Bordeaux				5 6 - NINC 11707			
mice Address:	Port St Lucie		34987	PH 5:			
			, Florida(Zip code)	 ⊘			
	(City)		(Zip code)	0			

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.



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.

A. DIRECTORS							
□Chairman	Name:	□Chairman	Name: Chadwick Bordeaux				
□Vice Chairman	Address: 11582 SW Village Parkway Unit #	□Vice Chairman	Address: 11582 SW Village Parkway Unit				
Director	Port St Lucie FL 34987	□Director	Port St Lucie FL 34987				
■ President		□President					
□Vice President		■ Vice President					
□Secretary	■ Treasurer	■ Secretary	Treasurer				
□Other	Other	□Other	Other				
□Chuirman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President	4.00				
☐ Secretary	□Treasurer	Secretary	□Treasurer				
□Other	□ Other	□Other	Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address;	□Vice Chairman	Address:				
□Director		□Director	7-1-				
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□Secretary	□Treasurer				
□Other		□Other	□Other				
Important Notice: Undividuals may be	Jse an attachment to report more than six (6). The attac added to the index when filing your Florida Departme	nt of State Annual Re	port form.				
12.	10mm Bordeaus						
12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in							
sne is aware that fail	isc information submitted in a document to the Departr	nent of State constitut	es a third degree felony as provided for in				

13. Donna Bordeaux

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Calculated Moves PC, a corporation duly organized under the laws of the State of South Carolina on February 25th, 2013, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 27th day of June, 2024.

Mark Hammond, Secretary of State