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## **COVER LETTER**

TO:	Registration Se Division of Co	porations			
SUBJ	ECT: HHC Safe	ety Consulting Servic	es, Corp.		
3020		Name of	corporation -	must include suffix	
Dear S	Sir or Madam:				
"Сепі	ficate of Existenc	ion by Foreign Corp e," or "Certificate of n corporation to tran	Good Standi	ng" and check are sub	ct Business in Florida," mitted to register the
Please	return all corresp	ondence concerning	this matter to	the following:	
Janine	McCartney, Ph.D.,	MBA, CSP, CHST, C	SHO		
	-		Name of Pe	rson	P4
HHC S	afety Consulting S	ervices, Corp			
			Firm/Compa	ny	
300 De	laware Ave., Suite	210		,	
			Address		****
Wilmii	ngton, DE 19801		ridaress		
		(	City/State and	Zip code	
jmmce	artney@hhesafetye	onsulting.com			
		E-mail address: (	to be used for	future annual report r	notification)
For fu	ther information	concerning this matt	er, please call	:	
Janine	McCartney, Ph.D.	MBA, CSP, CHST at	302	300-0135	
	Name of Perso	n	Area Code	Daytime Telep	hone Number
	Registration Se Division of Cor The Centre of T	porations Callahassee e Street, Suite 810		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Please		the following amount to: FLORIDA DEP.  \$78.75 Filing F Certificate of S	ARTMENT O	78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy
				705J 035	30 0001 2287 4484

## 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.

HHC Safety Consulting Services, Corp.						
	corporation; must include "INCORPORATED," `Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATI	ION,"			
(If name unavai	able in Florida, enter alternate corporate name add	opted for the purpose of transac	cting business in F	lorida)		
Delaware	3 85	35-4091947				
12/17/2020	ry under the law of which it is incorporated)	(FEI number, if applicable)				
(Date	of incorporation)	(Date of duration, if other than perpetual)				
November 15, 2	024					
	re., Suite 210, Wilmington, DE 19801 (Principal office	street address)				
<del></del>		ddress, if different)	<del></del>	7-13 1-14 1-15		
Name and <u>stre</u> Name:		·		2:21 0:0 -2		
	(Current mailing a	·	<del></del>	7774 PTC -2 FH		
Name:	(Current mailing a cet address of Florida registered agent: (P.O. E. ZenBusiness Inc.	·	<del></del>	7774 PFC -2 FH 4444		

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.

A. DIRECTORS						
□Chairman	Name: 300 Delawaare Ave.		□Chairman	Name: Michael McCartney		
□ Vice Chairman			□ Vice Chairman	Address:Address:		
□Director	Suite 210		□Director	Suite 210		
President	President Wilmington, DE 19801		□President	Wilmington, DE 19801		
□Vice President	<del></del>		■Vice President			
☐ Secretary		□Treasurer	☐Secretary		Treasurer	
Other	<del></del>	Other	Other	<del>_</del>	Other	
□Chairman	Name:		□Chairman	Name:		
□ Vice Chairman	Address.		□ Vice Chairman	Address: _		
□Director			□ Director			
□President			□ President			
□Vice President			□ Vice President			
□Secretary		☐Treasurer	☐ Secretary		☐Treasurer	
□Other	<del></del>	Other	□Other		Other	
□Chairman	Name:		□Chairman	Name:	· · · · · · · · · · · · · · · · · · ·	
□Vice Chairman	Address:		□ Vice Chairman	Address:		
Director			□Director	<del></del>		
□President			□Presiden:			
□Vice President			□Vice President			
☐ Secretary		□Treasurer	☐ Secretary		□Treasurer	
□Other		□Other	Other	<del></del>	Other	
individuals may be	added to the inde	I to report more than six (6). The acx when filing your Florida Depart	ment of State Annual Re	port form.	purposes only. Non-indexed	
12. () an	in Me	- Cartney Run 1884 Signature of Directo	r, CSC, CHST, C	5410		
The officer or direct she is aware that the s.817.155, F.S.	tor signing this d lse information s	ocument (and who is listed in numubilitied in a document to the Dep	iber 11 above) affirms th artment of State constitu	at the facts stat tes a third degr	ed herein are true and that he or see felony as provided for in	
Janine McCa	artney, Ph.D., N	MBA, CSP, CHST, CSHO				

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HHC SAFETY CONSULTING SERVICES

CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE

FOURTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HHC SAFETY CONSULTING SERVICES CORPORATION" WAS INCORPORATED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2020.

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

e at corp.delaware.gov/aut

Authentication: 204794717

Date: 11-04-24