

NEW JERSEY DEPARTMENT OF TREASURY  
DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES

CERTIFICATE OF FORMATION

AJJAN ASSOCIATES LIMITED LIABILITY COMPANY  
0400097939

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 07/08/2005 and was assigned identification number 0400097939. Following are the articles that constitute its original certificate.

**1. Name:**  
AJJAN ASSOCIATES LIMITED LIABILITY COMPANY

**2. The Registered Agent:**  
GEORGE AJJAN

**3. The Registered Office:**  
108 ROCK HILL ROAD  
CLIFTON, NJ 07013

**4. Business Purpose:**  
Consulting Services (All Types)

**5. Effective Date of this filing is:**  
07/15/2005

**6. Members/Managers:**  
GEORGE AJJAN  
PO BOX 4031  
  
CLIFTON, NJ 07012-4031

**7. The Main Business Address:**  
PO BOX 4031  
CLIFTON, NJ 07012-4031

**Signatures:**  
GEORGE AJJAN  
AUTHORIZED REPRESENTATIVE

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IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
07/11/2005



A handwritten signature in dark ink, appearing to read "John E. McCormac", is written in a cursive style.

John E McCormac, CPA  
Treasurer of the State of New Jersey

**EXECUTION**

In accordance with 28 U.S.C. § 1746, and subject to the penalties of 18 U.S.C. § 1001 and 22 U.S.C. § 618, the undersigned swears or affirms under penalty of perjury that he/she has read the information set forth in this statement filed pursuant to the Foreign Agents Registration Act of 1938, as amended, 22 U.S.C. § 611 *et seq.*, that he/she is familiar with the contents thereof, and that such contents are in their entirety true and accurate to the best of his/her knowledge and belief.

Date	Printed Name	Signature
February 4, 2025	George C. Ajjan	
_____	_____	_____
_____	_____	_____
_____	_____	_____