

State of Delaware
Secretary of State
Division of Corporations
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SR 20244200206 - File Number 10005902

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is _____
Javelin Advisors LLC

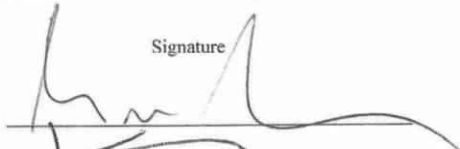

2. The Registered Office of the limited liability company in the State of Delaware is located at 16192 Coastal Hwy (street), in the City of Lewes, Zip Code 19958. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Harvard Business Services, Inc.

By: /s/George Sorial
Authorized Person

Name: George Sorial, Organizer
Print or Type


EXECUTION

Received by NSD/FARA Registration Unit 03/23/2026 3:04:24 PM
In accordance with 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
March 20. 2026	GEORGE A. SAIZ	
March 20. 2026	Keith Schiller	

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
3/19/26	Robert W. Seiden	
_____	_____	_____
_____	_____	_____
_____	_____	_____