



Chief Executive Officer, Chief Financial Officer, Secretary



STATE OF CALIFORNIA Office of the Secretary of State STATEMENT OF INFORMATION CORPORATION

1500 11th Street Sacramento, California 95814 (916) 657-5448

For Office Use Only

-FILED-

File No.: BA20250126360 Date Filed: 1/20/2025

| | tity Details | | | | |
|-------------------|--|-----------------|--------------------------------|---|--|
| Corporation Name | | | Dynamic Gravity Limited | | |
| Entity No. | | | 6537693 | | |
| Formed In | | | CALIFORNIA | | |
| Str | reet Address of Principal Office of C | orporation | | | |
| Principal Address | | | 145 S SPRING ST SUITE 900 | | |
| | | l | LOS ANGELES, CA 90012 | | |
| Ма | ailing Address of Corporation | | | | |
| Mailing Address | | | 4079 GOVERNOR DRIVE UNIT #1094 | | |
| | | • | SAN DIEGO, CA 92122 | | |
| 1 | Attention | | | | |
| Str | reet Address of California Office of C | Corporation | | | |
| 5 | Street Address of California (| Office | None | | |
| Off | ficers | | | _ | |
| | Officer Name | Officer Address | Position(s) | | |
| ı F | | | | | |

+ PAUL MICHAEL KING

| Officer Name | Officer Address | Position | Stated Position | | |
|--------------|-----------------|----------|-----------------|--|--|
| None Entered | | | | | |

Directors

| Director Name | Director Address | |
|-------------------|--|--|
| PAUL MICHAEL KING | 145 S SPRING ST SUITE 900 LOS ANGELES, CA 90012 | |

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name PAUL MICHAEL KING

145 S SPRING ST SUITE 900

LOS ANGELES, CA 90012

145 S SPRING ST SUITE 900 Agent Address

LOS ANGELES, CA 90012

Type of Business

Type of Business electronic commerce, trade

Email Notifications

Opt-in Email Notifications Yes, I opt-in to receive entity notifications via email.

Labor Judgment

No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code.

| Electronic Signature | | | | | |
|--|------------|--|--|--|--|
| By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. | | | | | |
| _ , , , | · | | | | |
| PAUL MICHAEL KING | 01/20/2025 | | | | |
| Signature | Date | | | | |
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