(Requestor's Name)					
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PICK-UP WAIT MAIL					
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COVER LETTER

TO:	FO: Registration Section Division of Corporations				
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SUBJ	ECT: ANDEM COR	ion - must include suffix	-		
	rame or corporat	ion mast metade surns.			
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign Corporation f ficate of Existence," or "Certificate of Good S referenced foreign corporation to transact bus	tanding" and check are sub-			
Please	return all correspondence concerning this ma-				
	GILBERT R. CASE	.			
-	Name	of Person	 		
	CILBERT R. CASE Name PANDEM COR Firm/C	DINC.			
	Firm/C	ompany			
	1112 Carrissa	Da			
	AU	101033			
	Tallel	ausee. FL 3	2308		
	City/Stat	e and Zip code			
	GACASE @ AB E-mail address: (to be use	l. com			
	E-mail address: (to be use	ed for future annual report n	otification)		
For fu	rther information concerning this matter, pleas	se call:			
<	$ \begin{array}{c c} \hline ASE & at (82) \\ \hline Name of Person & Area C \end{array} $	50, 294-82	2. (
	Name of Person Area C	Code Daytime Teleph	none Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303	MAILING A Registration S Division of Ce P.O. Box 6327 Tallahassee, F	ection orporations 7		
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTME 0.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	NT OF STATE ☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. PANDE M CORP.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co.," or "Corp.")

(If name unavailab	ole in Florida, enter alternate corpo	rate name ac	dopted for the purpose of transacting busin	ness in Florida)	
DE	LAWARE, USA	3.	85 - 361891Z (FEI number, if applicabl		
(State or country	under the law of which it is incorp	orated)			
	10/19/2020	5	(Date of duration, if other than pe		
(Date o	f incorporation)		(Date of duration, if other than pe	erpetual)	
			Florida, if prior to registration) 2, F.S., to determine penalty liability)		
			2, 1, 2, 1, 10 001011111110 } 111101111, 111101111, 1		
	112 Carissa Dr.	Tall	anasser FL 32308		
	(14)	incipal office	e <u>street</u> address)	· · · · ·	
	10 Box 15614	Telle L	estreet address) estreet, FC 323/7		
	10 Box 15614	Telle L	e <u>street</u> address)	200 SE TAL	
	10 Box 15614	Talled, rent mailing	address, if different)	SECIKE TALLAH	
	PO Box 15614 (Curi	Telle L. rent mailing gent: (P.O.	address, if different) Box NOT acceptable)	2021 DEC -2 SECRETARY TALLAHASSE	
. Name and street	10 Box 15614 (Curi	rent mailing gent: (P.O.	address, if different) Box NOT acceptable)	DEC -	

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.

(City)

(Registered agent's signature)

(Zip code)

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.

AChairman Name: GICBERT R. CASE		•
	□Chairman	Name: DAVID SHAFER
Wice Chairman Address: 1112 Carisan Dr. Teachessee, FL 32308	□Vice Chairman	Address:
Director	Director	ATCANTA, GA 30341
President CILZERT R. CASE	□President	
□Vice President	□Vice President	
□ Secretary □ Treasurer	☐ Secretary	□Treasurer
□Other	□Other	Other
OChairman Name: ALAN KRIE6STEIN	□Chairman	Name: NAPAWAN PUNYANIYAMA
□Vice Chairman Address: 60 MARINE 5T. FAR MING DALE, NY 11735	□Vice Chairman	Address: Tallohamo, Fl. 3230
FARMING DALE, NY 11735	□Director	3230
□ President	□President	
□Vice President	□ Vice President	-
□ Secretary □ Treasurer	(Descretary	□Treasurer
□Other	□Other	Other
□Chairman Name:	□ Chairman	Name:
□Vice Chairman Address:	□Vice Chairman	Address:
□ Director	□Director	
□ President	□President	
□Vice President	□Vice President	
□ Secretary □ Treasurer	□ Secretary /	□Treasurer
Other Other	□Other	Other
Important Notice: Use an attachment to report more than six (6). The a individuals may be added to the index when filing your Florida Depart	ment of State Annual Ro	eport form,
12. Signature of Directo		

13. GILBERT CASE

(Typed or printed name and capacity of person signing application)

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PANDEM CORP." 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 DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PANDEM CORP."

WAS INCORPORATED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2020.

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

Authentication: 204231682

Date: 12-04-20