

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

F22000006814

Note: Please print this page and use it as a cover sheet. Type the fax audit number
 (shown below) on the top and bottom of all pages of the document.

(((H22000052270 3)))



H220000522703ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
 Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : VCORP SERVICES, LLC
 Account Number : I20080000067
 Phone : (845)425-0077
 Fax Number : (845)818-3588

2022 JAN 18 PM 4:26
 FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: statenotices@vcorpsservices.com

2022 FEB -9 AM 9:01

FOREIGN PROFIT/NONPROFIT CORPORATION
Trans-Fi Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

S. FRANKLIN

FEB 10 2022

DocuSign Envelope ID: 6A29A78B-1FD2-40A5-8856-E0E6EA5524CA

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.

Trans-Fi Inc.

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Delaware 87-4622828

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
January 12, 2022

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
upon filing

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
905, Marina Residences 3, Palm Jumeirah, Dubai 390695, UAE

7. _____
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

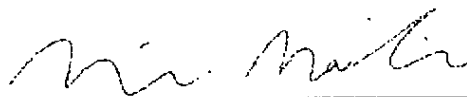
Name: _____
Vcorp Services, LLC
1200 South Pine Island Road

Office Address: _____
Plantation 33324
_____, Florida _____
(City) (Zip code)

2022 JAN 18 PM 4:26
FILED
TALLAHASSEE, FL

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.



Miriam Nachison
Assistant Secretary

(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.

DocuSign Envelope ID: 6A29A78B-1FD2-40A5-8856-E0E8EA5524CA

A. DIRECTORS

Raj Kamal

Augustine Salazar

Chairman Name: _____

Vice Chairman Address: _____

Director 905, Marina Residences 3,
Palm Jumeirah,
Dubai 390695, UAE

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director 905, Marina Residences 3,
Palm Jumeirah,
Dubai 390695, UAE

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

FILED
 2022 JAN 18 PM 4:26
 HONOLULU DISTRICT COURT
 STATE OF HAWAII

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12 Augustine Salazar
DocuSigned by: Augustine Salazar 03283200734478

 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

13 Augustine Salazar, Secretary

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRANS-FI INC." 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 EIGHTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRANS-FI INC." WAS INCORPORATED ON THE TWELFTH DAY OF JANUARY, A.D. 2022.

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

FILED

2022 JAN 18 PM 4: 26

Jeffrey W. Bullock, Secretary of State



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

6538509 8300

SR# 20220426262

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202610830

Date: 02-08-22