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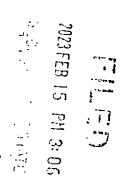
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3/12/23

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: zLink, Inc.			
	e of corporation -	must include suffix	
Dear Sir or Madam;			
The enclosed "Application by Foreign 6 "Certificate of Existence," or "Certificate above referenced foreign corporation to	te of Good Standi	ng" and check are subr	
Please return all correspondence concer	ning this matter to	the following:	202
Anupam Sachdev	Anupam Sachdev		1023 FEB
	Name of Pe	rson	
zLink, Inc.			. 15
· •	Firm/Compa	iny	;-i ==
141 Parker Street, Suite	311		PH 3: 06
Maynard, MA 01754-21	Address		ं हो क
	City/State and	Zip code	
asachdev@zlinkcorp.com			
E-mail addre	ss: (to be used for	future annual report n	otification)
For further information concerning this	matter, please cal	l:	
Anupam Sachdev	at (978	309-3628 ex	t. 11
Name of Person	Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, Fl. 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
Enclosed is a check for the following ar Please make check payable to: FLORIDA ! \$70.00 Filing Fee	DEPARTMENT O	F STATE 578.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certificate of Status & Certified Copy

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.

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	siness in F	lorida)	•
Massachusetts 3.		823676159			_
•	(State or country under the law of which it is incorporated) (FEI number, if applied		ıble)		
11/23/20	<u> </u>	·			-
(Date	of incorporation)	(Date of duration, if other than	perpetual)		
141 Parke		in Florida, if prior to registration) 502, F.S., to determine penalty liability) d, MA 01754-2180	•	2023 FEB	- - - -
		fice street address)	• .	<u></u>	- 1
141 Parke	r Street, Suite 311, Maynard	I, MA 01754-2180	•	_0	:
Name and street	(Current maili et address of Florida registered agent: (P.	ng address. if different) O. Box <u>NOT</u> acceptable)	- 0 - 24 - 6	3: 05	٠ ٤_
Name:	Northwest Registered Agent	LLC			
ffice Address:	7901 4th St N STE 300				
	St. Petersburg	. Florida 33702			
	(Citv)	(Zip code)			

(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.

A. DIRECTORS			
□Chairman	Name: Anupam Sachdev	□ Chairman	Name: Ishan Sachdev
□Vice Chairman	Address: 62 Black Burnian Rd	□Vice Chairman	Address: 62 Black Burnian Rd
□Director	Weston, MA 02493	☑ Director	Weston, MA 02493
☑ President		□President	-
□ Vice President		□Vice President	
☐ Secretary	□Treasurer	□ Secretary	□Treasurer
□Other	Other	□Other	Other
☐ Chairman	Name: Pranav Sachdev	□ Chairman	Name:
□Vice Chairman	Address: 62 Black Burnian Rd	□Vice Chairman	Address:
∡ Director	Weston, MA 02493	□Director	727
□President		□President	in (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
□Vice President		□Vice President	<u></u>
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer cu
□Other	□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
Important Notice: I individuals may be	Use an attachment to report more than six (6). The atta added to the index when filing your Florida Department of Director of Signature of Director of Signature of Director o	ent of State Annual Re	d for reporting purposes only. Non-indexed eport form.

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.

, Anupam Sachdev, CEO



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

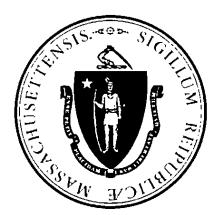
Date: February 01, 2023

To Whom It May Concern:

I hereby certify that according to the records of this office.

ZLINK INC.

Commonwealth of Massachusetts. I further certify that there are no proceedings prescrilly pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution: that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which.

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travin Galein

Certificate Number: 23020029810

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: NMa

MA SOC Filing Number: 201765366800 Date: 11/22/2017 4:19:00 PM

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with.

and I hereby approve said articles: and the filing fee having been paid, said articles are

deemed to have been filed with me on:

November 22, 2017 04:19 PM

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

A TRUE COPY ATTEST

WILLIAM FRANCIS GALVIN

DATE TO CLERK