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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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7:07

COVER LETTER

	tration Section on Of Corporations		
SUBJECT:	Softcodio Inc.		
Jobane I.	Name	e of corporation -	must include suffix
Dear Sir or M	adam:		
'Certificate of		te of Good Stand	uthorization to Transact Business in Florida," ng" and cheek are submitted to register the in Florida.
Please return :	all correspondence concer	ning this matter t	the following:
Valentina Lugo)		
		Name of P	erson
<u>-</u>	·	Firm/Comp	anv
1007 N Orange	e St. 4th Floor Suite #1050	rittivComp	any .
		Addres	· ·
Wilmington, D	elaware 19801	, wares	
	·	City/State and	1 Zin code
agent@firstbas	e.io		
	E-mail addre	ess: (to be used fo	future annual report notification)
For further in	formation concerning this	matter, please ca	II:
Valentina Lugo	o	929 at (3050668
Nam	e of Person	Area Code	Daytime Telephone Number
Regis Divis The C 2415	EET/COURIER ADDRESTRATION Section of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
		DEPARTMENT (DF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

Softcodio Inc. (Enter name of co	orporation; must include "INCORPORATED."	" "COMPANY," "CORPORATION,"	
	orp," "Inc," "Co," or "Corp.")		
(If name unavaila	ible in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida))
Delaware3.		93-3009091	
		(FEI number, if applicable)	
	5.	(Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
·	(Date first transacted business in	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	_
1007 N Orange	St. 4th Floor 2361 Wilmington, Delaware		
·	(Principal off	ice street address)	_
			20
	(Current mailir	ng address, if different)	,
. Name and stree	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	
Name:	Firstbase Agent LLC		
Office Address:	111 NE 1st St, 8th Floor Suite #88592		
	Miami	, Florida <u>33132</u>	I): 27
	(City)	(Zip code)	
laving been nam lesignated in this urther agree to c	application, I hereby accept the appoints	ice of process for the above stated corporation at the ment as registered agent and agree to act in this cap relative to the proper and complete performance of toxition as registered agent.	acity. 1

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

A. DIRECTORS			_	
□Chairman	Venkatesh Mahadevan Name:	■ Chairman	Damitha Nalaka Jayarathna Diwaligoda Gamoge Name:	
□Vice Chairman	Address:Address:	□Vice Chairman	n Address:	
■ Director	Wilmington, Delaware 19801	Director	Wilmington, Delaware 19801	
■ President		□President		
□Vice President		□Vice President		
Secretary	Treasurer	■ Secretary	■ Treasurer	
□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	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	
	Use an attachment to report more than six (6). The at e added to the index when filing your Florida Departi			
12	Signature of bilecto	or Officer		
The officer or dire she is aware that f s.817,155, F.S.	ector signing this document (and who is listed in num alse information submitted in a document to the Dep	ber 11 above) affirms thatment of State constit	hat the facts stated herein are true and that he or utes a third degree felony as provided for in	
13. Venkatesh	Mahadevan - President			
	(Typed or printed name and capacity of pe	rson signing application	n)	



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

DELAWARE, DO HEREBY CERTIFY "SOFTCODIO 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 SEVENTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOFTCODIO INC."

WAS INCORPORATED ON THE THIRD DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Authentication: 204053546

Date: 09-07-23

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