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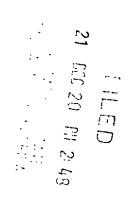
(Requestor's Name)			
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T. LEMIEUX

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: NextGate Solutions, Inc.			
17020	Name of	corporation -	must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corplicate of Existence," or "Certificate of referenced foreign corporation to trans-	f Good Stand	ing" and check are submi-	
Please	return all correspondence concerning	g this matter t	o the following:	
Edward	i Yang			
		Name of P	erson	
NextGa	ate Solutions, Inc.			
	, , , , , , , , , , , , , , , , , , ,	Firm/Comp	any	
3579 E	Foothill Blvd #587			
		Addres	s	
Pasado	na, CA 91107			
		City/State an	d Zip code	
ngsap@	pnextgate.com			
	E-mail address: (to be used fo	r future annual report not	fication)
For fur	ther information concerning this mat	ter, please ca	11:	
Katheri	ine Holmberg	626	508-3309	
	Name of Person	Area Code	Daytime Telephor	ne Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
Please t	ed is a check for the following amountake check payable to: FLORIDA DEP .00 Filing Fee	ARTMENT (\$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.

.," "Co.," "C	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.") able in Florida, enter alternate corporate name		N,"		
	able in Florida, enter alternate corporate name	adamed for the number of temperati			
ifornia		s adobted for the barbose of transacti	ng business in Florida)		
	3.	20-3281114			
late or countr		(FEI number, if a	oplicable)		
gust 9, 2005	5	Perpetual			
(Date of incorporation)		(Date of duration, if other than perpetual)			
vember 9, 20	20				
	(SEE SECTIONS 607.1501 & 607.1 Drive Monrovia, CA 91016 (Principal off	502, F.S., to determine penalty liabil	ity)		
	(Current maili	ng address, if different)	-,		
Name:	InCorp Services, Inc. 17888 67th Court North Loxahatchee (City)	O. Box <u>NOT</u> acceptable), Florida 33470, [Zip code)	1 ILED 21 EEC 20 PH 2: 48		
	(Date vember 9, 20) E. Huntington P. Poothill F	(Date of incorporation) vember 9, 2020 (Date first transacted business (SEE SECTIONS 607.1501 & 607.1 E. Huntington Drive Monrovia, CA 91016 (Principal off Period Period (Principal off Current mail) me and street address of Florida registered agent: (P.4) Name: InCorp Services, Inc. 17888 67th Court North Loxahatchee	(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liabil E. Huntington Drive Monrovia, CA 91016 (Principal office street address) P.E. Poothill Blvd #587 Pasadena, CA 91107 (Current mailing address, if different) me and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: InCorp Services, Inc. 17888 67th Court North Loxahatchee , Florida 33470		

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.

Jackie DeFilippis on behalf of InCorp Services, Inc.

(Registered agents signature

10. Attached is a confificate 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.

Secretary	A. DIRECTORS	* 1			
Secretary	□ Chairman	Name: Andreas Aroditis	□ Chairman	Name: Edward Yang	
President Pasadena, CA 91107 President Preside	☐ Vice Chairman	Address:	□Vice Chairman	Address:	
President	Director		Director	3579 E Foothill Blvd #587	
Secretary	■ President	Pacadena CA 91107	□President	Pasadena, CA 91107	
COO	□ Vice President		□Vice President		
Dother	Secretary	□Treasurer	Secretary	[]Treasurer	
Chairman Name: Chairman Name: Chairman Name: Chairman Chairma	[]Other	Other	Other	□Other	
Director Pasadena, CA 91107 Director	□ Chairman	Daniel Cidon	□Chairman	Name:	
Director	☐ Vice Chairman		☐ Vice Chairman	Address:	
Director Dother	Director	35/9 E Foothill Blvd #58/	[]Director		
□ Secretary □ Treasurer □ Secretary □ Treasurer □ Other □ Oth	□President		□ President		
Other	□Vice President		□Vice President		
Chairman Name: Chairman	□Secretary	Treasurer	☐ Secretary	□Treasurer	
□ Vice Chairman Address: □ □ Vice Chairman Address: □ □ Director □ □ Director □ □ Director □ □ President □ President □ Vice President □ □ Vice President □ □ Vice President □ □ Other	□ Other	Other	Other	Other	
□ Director □ President □ Vice President □ Vice President □ Secretary □ Treasurer □ Other □ Other □ □ Othe					
□ President □ Vice President □ Vice President □ Secretary □ □ Treasurer □ Other □ Oth		Audicss,		Address:	
Secretary					
Secretary Secretary Secre	[]President		□President		
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. 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. Edward Yano	□ Vice President		□Vice President		
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. 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. Edward Yang	☐ Secretary	□Treasurer	□ Secretary	[]Treasurer	
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. Edward Yang	□Other	□Other	Other	□Other	
Edward Yano	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				
13.	•	9			



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:

NEXTGATE SOLUTIONS, INC.

File Number:

C2784585

Registration Date:

08/09/2005

Entity Type:

DOMESTIC STOCK CORPORATION

Jurisdiction:

CALIFORNIA

Status:

ACTIVE (GOOD STANDING)

As of October 20, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 21, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: YK11XLR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <u>bebizfile.sos.ca.gov/certification/index</u>.