

Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

Phone Fax Number : (845)425-0077 : (845)818-3588

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FOREIGN PROFIT/NONPROFIT CORPORATION 360 IT PROFESSIONALS INC.

Certificate of Status	0	
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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.

	Carp," "Inc," "Co," or "Corp.")		
If name unavail California	•	dopted for the purpose of transacting business in F	lorida)
Z	ry under the law of which it is incorporated)	(FEI number, if applicable)	
7/10/201	3		
(Date	of incorporation)	Perpetual (Duration: Year corp. will coase to exist or "perpe	etu al")
6. Upon filir			
·	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 22, F.S., to determine penalty liability)	
, 42808 Ch	risty St, Ste 101, Fremont,	CA 94538	
	(Principal office addre	35\$	
42808 Ch	risty St, Ste 101, Fremont, CA	A 94538	
	(Current mailing addre	58)	三 图 是
8; Name and stree	et address of Florida registered agent: (P.O.	. Box NOT acceptable)	題門
Name:	Vcorp Services, LLC	Till diddenie	SSS.
Office Address:	5011 South State Road 7, Suite 1	06	
	Davie	, Florida 33314 (Zip code)	8: 29 3141E
	(City)	(Zip code)	33.
Having been nam designated in this further agree to c	application, I hereby accept the appointm	e of process for the above stated corporation ant as registered agent and agree to act in th lative to the proper and complete performan my position as registered agent.	is capacity. I

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.

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11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _ Address: Vice Chairman: ___ Address: _ Director: _ Address: _ Director: Address: B. OFFICERS President: Vishal Mangla Address: 42808 Christy St, Ste 101, Fremont, CA 94538 Vice President: Address: Secretary: Address: _ Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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. Vishal Mangla, President

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

10-14-15;12:46PM;

. . .

:845-818-3588

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State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

360 IT PROFESSIONALS INC.

FILE NUMBER: FORMATION DATE: C3584933

TYPE:

07/10/2013

DOMESTIC CORPORATION

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, 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 13, 2015.

> ALEX PADILLA Secretary of State