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COVER LETTER

то:	Registration Section Division of Corporations				
SHRI	INAPPAD INC				
3000		ration -	must include suffix	· · · · · · · · · · · · · · · · · · ·	
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign Corporation ficate of Existence," or "Certificate of Goo referenced foreign corporation to transact leads to the corporation to the corporatio	d Stand	ing" and check are sub		
	return all correspondence concerning this GAV PATEL	matter t	o the following:		
-	Nar	ne of Pe	erson	·	
INAPP	PAD INC				
	Firm	n/Comp	any		
22 JER	RICHO TPKE, STE 108		ϵ_{i}	·	
	· · · · ·	Addres			
MINE	OLA, NY 11501				
TAX@	City/S NYTAXOFFICE.COM	state and	Zip code		
	E-mail address: (to be	used fo	r future annual report r	notification)	
For fu	rther information concerning this matter, pl	ease ca	ll:		
BHARGAV PATEL 516			493-9100		
	Name of Person at (a Code	Daytime Telepl	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	ed is a check for the following amount:				
570	0.00 Filing Fee \$78.75 Filing Fee & Certificate of Status		\$78.75 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. INAPPAD 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) (FEI number, if applicable) (State or country under the law of which it is incorporated 12/01/2014 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 469 7TH AVE, STE 1223 NEW YORK, NY 10018 (Principal office address) 22 JERICHO TPKE, STE 108 MINEOLA, NY 11501 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) MATTHEW WILSON Name: 7620 RED BAY LN Office Address: **PARKLAND** (City) 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.

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors:

A. DIR	ECTORS MATTHEW WILSON			
Address:	7620 RED BAY LN. PARKLAND, FL 33076			
,		<u> </u>		
Vice Chai	rman:			
Address:		-		P i ''
Director	BHARGAV PATEL			
	469 7TH AVE, STE 1223 NEW YORK, NY 10018			
Diractore	MEYER MUSCHEL	* `	29	
	469 7TH AVE, STE 1223 NEW YORK, NY 10018		8	Credit of
		55 <u>55</u> 150	ū	
B. OFF	BHARGAV PATEL	- 197 197 197	:ZI _CI	Ö
	469 7TH AVE, STE 1223 NEW YORK, NY 10018	Çm >>	8 −	
Vice Pres	ident:			
Address:				
Secretary	LOUIS LIU			
Address:	469 7TH AVE, STE 1223 NEW YORK, NY 10018			
Tr c asurer	JIAYU QIU			
Address:	469 7TH AVE, STE 1223 NEW YORK, NY 10018			
NOTE:	If necessary, you may attach an addendum to the application listing additional offi	cers and/or di	rectors	•
12				<u></u>
are true a	Signature of Director or Officer ser or director signing this document (and who is listed in number 11 above) affirm and that he or she is aware that false information submitted in a document to the Degree felony as provided for in s.817.155, F.S.			
13. JIAY	/U QIU		-	
	(Typed or printed name and capacity of person signing application)	,		

Inappad Inc. 469 7th Ave, Ste 1223 New York, NY 10018

Application by Foreign Corporation for Authorization to transact business in Florida.

Continuation of Section 11.

Names and business addresses of officers and/or directors:

A. DIRECTORS

Director : ISRAEL WALLACH

Address: 469 7TH AVE, STE 1223 NEW YORK, NY 10018

Director : JIAYU QIU

Address: 469 7TH AVE, STE 1223 NEW YORK, NY 10018

2915 OCT 13 P12: 2



Page 1

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

DELAWARE, DO HEREBY CERTIFY "INAPPAD 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 SECOND DAY OF OCTOBER, A.D. 2015.

Authentication: 10175532

Date: 10-02-15