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(Requestor's Name)

(Address)

(Address)


(City/State/Zip/Phone #)

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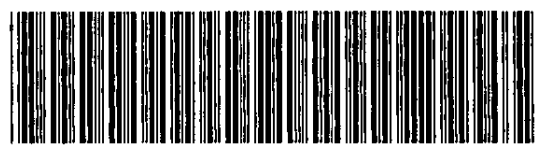
(Business Entity Name)

(Document Number)

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16 OCT 11 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T WASHINGTON
OCT 12 2016

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.

ACI HEALTHCARE USA, 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)

2. Delaware _____ 3. 35-2544879 _____
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/11/2016 _____ 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

6. N/A _____
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10100 W. Sample Road, Suite 406, Coral Springs, FL33067 _____
 (Principal office address)

_____ (Current mailing address, if different)

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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Shafi Rahman _____

Office Address: 10100 W. Sample Road, Suite 406 _____

Coral Springs _____, Florida 33067
 (City) (Zip code)

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.



 (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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: M Mohibuz Zaman

Address: ACI Centre, 245 Tejgaon Industrial Area

Dhaka- 1208, Bangladesh

Vice President: _____

Address: _____

Secretary: M Mohibuz Zaman

Address: ACI Centre, 245 Tejgaon Industrial Area, Dhaka- 1208, Bangladesh

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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.

13. M Mohibuz Zaman, President

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

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACI HEALTHCARE USA, 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 TENTH DAY OF OCTOBER, A.D. 2016.


AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACI HEALTHCARE USA, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF JULY, A.D. 2016

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
HALLMARK CENTER
DOVER, DELAWARE




Jeffrey W. Bullock, Secretary of State

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SR# 20166142597

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203136848

Date: 10-10-16