Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000303385 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (845) 425-0077 Phone

Fax Number : (845)818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one amail address please. \*\*

| Ema11 | Address: | <br> | <br> |  |
|-------|----------|------|------|--|

#### FOREIGN PROFIT/NONPROFIT CORPORATION MHD Technology Corporation

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

10V 2 × 2017

### 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.

|                   | orp," "Inc," "Co," or "Corp.")                   |  |                |
|-------------------|--|--|----------------|
| (If name unavails | ble in Florida, enter alternate corporate name a | dupted for the purpose of transacting business in I  | -lotida)       |
| Delaware          | 3.   | (FEI number, if applicable)  |                |
| (State or country | y under the law of which it is incorporated)     | (FEI number, if applicable)  |                |
| 10/14/2015        | 5.   | (Date of duration, if other than perpetua  |                |
| (Date             | of incorporation)                                | (Date of duration, if other than perpetual   | 1)             |
| N/A               |  |  | <del></del>    |
|                   | (Date first transacted business in               | Florida, if prior to registration)   |                |
|                   | (SEE SECTIONS 607.1501 & 607.15                  | 02, F.S., to determine penalty hability)   |                |
| 20 Grand Street # | 801, Goshen, NY 10924                            |  |                |
|                   | (Principal                                       | al office address)   | i G            |
|                   |  | (4)  | <u> </u>       |
|                   | (Current mailin                                  | g address, if different)   |                |
|                   | (D.C.  | Day MOT massimile)   | 715            |
| . Name and street | et address of Florida registered agent: (P.C     | b. Box NOT acceptable)   | Ö              |
| Name:             | Veorp Services, LLC                              | <del></del>  | 54             |
|                   | 5011 South State Road 7, Suite 106               |  |                |
| Office Address:   |  | 33314  |                |
|                   | Davic  | , Florida  |                |
|                   | (City)   | (Zip code)   | •              |
| Degistered ag     | ent's acceptance:                                |  |                |
| . Registered ag   | and an exemplaced about and to accept Servi      | ce of process for the above stated corporation<br>ment as registered agent and agree to act in | n at the place |

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. Nazo  | es and business addresses of officers and/or directors:   |                                |
|-----------|---|--------------------------------|
| A. DIRE   | ectors  |                                |
| Chairman  |   |                                |
| Address:  | c/o MHD Technology Corporation, 20 Grand Street #801, Gosben, NY 10924  | <del></del>                    |
| Was Chai  | Shannon Deveraux Sanford  |                                |
|           | c/o MHD Technology Corporation, 20 Grand Street #801, Goshen, NY 10924  | <del></del>                    |
| Director: | Krish Radhakrishnan   |                                |
|           | c/o MHD Technology Corporation, 20 Grand Street #801, Goshen, NY 10924  |                                |
| Director  | Fazle Hussaiu   |                                |
|           | c/o MHD Technology Corporation, 20 Grand Street #801, Goshen, NY 10924  |                                |
| B. OFF    | ICERS Allan Samford   | 17 HOV 27                      |
|           | c/o MHD Technology Corporation, 20 Grand Street #801, Goshen, NY 10924  | - 57                           |
|           |   | 14. I                          |
|           | ident:  |                                |
| Address:  |   |                                |
| Secretary |   |                                |
| Address:  |   |                                |
| Treasure  | <del></del>   |                                |
| Address:  | Honocorry you they attach an addendum to the application listing additional officers and/or direct  | ctors.                         |
| 12        | Signature of Director or Officer  Signature of Director or Officer  Signature of Director or Officer  |                                |
| are bue   | cer or director signing this document (and who is listed in number 11 above) affirms that the facts and that he or she is aware that false information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S. | tated berein<br>te constitutes |
| A 16      | an Sanford, President   |                                |

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

#### MHD TECHNOLOGY CORPORATION

## ADDENDUM TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Director: Santiago Peralta

Address: c/o MHD Technology Corporation, 20 Grand Street #801, Goshen, NY 10924

Director: Arnold Silver

Address: c/o MHD Technology Corporation, 20 Grand Street #801, Goshen, NY 10924

17 NOV 27 EH 9: 1

# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MHD TECHNOLOGY CORPORATION" 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 SIXTEENTH DAY OF NOVEMBER, A.D.

2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MHD TECHNOLOGY CORPORATION" WAS INCORPORATED ON THE FOURTEENTH DAY OF OCTOBER, A.D. 2015.

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

::.

5850321 8300 SR# 20177123619

Authentication: 203584577

Date: 11-16-17



November 17, 2017

11/27/2017 11:23

850-817-6381

FLORIDA DEPARTMENT OF STATE Division of Corporations

VCORP SERVICES, LLC

SUBJECT: MHD TECHNOLOGY CORPORATION

REF: W17000091964

NAME IS AVAILABLE. Existing company changed name to GUY BEARD JEWELRY INC

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

2017 R6V 27 AM III: 1-1

P.003/007

Judy A Leggett Regulatory Specialist II Registration Section

#: H17000303385 FLORIDA DEPARTMENT FATA 00023356 Division of Corporations

. 1