Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 i. Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email	Address:		·	

FOREIGN PROFIT/NONPROFIT CORPORATION ISGN CORPORATION

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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.

(Enter name of co 'Inc.," "Co.," "Co	rporation; must include "INCORPORATED rp," "Inc," "Co," or "Corp.")),''	"COMPANY," "CORPORATION,"			
į	(If name unavailal	ple in Florida, enter alternate corporate name	ic a	dopted for the purpose of transacting bu	siness in	Florid	
2.	DELAWARE	3	3. 1	N/A			
۷				(FEI number, if applica	ible)		
4	03/06/2007	5	5.				
•••	(Date of incorporation) (Date of duration, if other than					al)	
6.	N/A						
		(SEE SECTIONS 607.1501 & 607.	.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	がここが日	2011 MA	1
71	7. 1333 GATEWAY DRIVE, SUITE 1000, MELBOURNE, FL 32901 (Principal office address)				<u>ي د کې</u>	70	Same.
	(1 Micipal Office address)				M _{CD}	7	indert I
-	(Current mailing address, if different)					\$ 9	parag
8.	Name and stree	t address of Florida registered agent: (F	P.C). Box <u>NOT</u> acceptable)		-	
	Name:	Registered Agents Inc.					
Of	Tice Address:	3030 N. Rocky Point Dr. STE 150A	.				
		Tampa		, Florida <u>33607</u>			
		(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.

Bell (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: Sundararajan Sampath Address: 1333 GATEWAY DRIVE, SUITE 1000, MELBOURNE, FL 32901 Director: ___ Address: B, OFFICERS President: Sundararajan Sampath Address: 1333 GATEWAY DRIVE, SUITE 1000, MELBOURNE, FL 32901 Vice President: Address: Secretary: Address: Treasurer: 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 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. Sundararajan Sampath, Director



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

DELAWARE, DO HEREBY CERTIFY "ISGN 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 TWENTY-SEVENTH DAY OF MARCH, A.D. 2018.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ISGN

CORPORATION" WAS INCORPORATED ON THE SIXTH DAY OF MARCH, A.D. 2007.

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

Authentication: 202396827

Date: 03-27-18

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SR# 20182208963