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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	MAIT	MAIL.
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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#### **COVER LETTER**

TO: Registration Section

Divisior	of Corpora	ntions					
SUBJECT: I	rianz Consul	ting & Tech Services Name of cor	Inc. poration -	must include suffix		ister the	
Dear Sir or Mad	am;						
"Certificate of E	xistence," o		ood Stand	uthorization to Transa- ing" and check are sub s in Florida.			
Please return all Hooman Yavi	correspond	ence concerning th	is matter t	o the following:			<b>*</b>
			lame of Pe	arcon .		<del>,</del>	<del>.=</del>
Chugh, LLP		1.	taine of the	215011		le:	-55 
——————————————————————————————————————						<u>.</u>	q <b>a</b> c;
		Fi	rm/Comp	any		•	3.
1600 Duane Ave.						-	လု
			Addres	s			12
Santa Clara, CA	95054					٠	
-		City	/State and	l Zip code		_	
hooman.yavi@ch	ugh.com						
	ŀ	-mail address: (to b	oe used fo	r future annual report i	notification)		
For further infor	mation con	cerning this matter.	please ca	II:			
Hooman Yavi		4 at (	08	343-7633			
Name o	of Person	A	rea Code	Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations		
Enclosed is a ch	eck for the	following amount:					
□ \$70.00 Filing	g Fee 🔲	\$78.75 Filing Fee Certificate of State		\$78.75 Filing Fee & Certified Copy	S87.50 F Certifica Certifie	ate of S	Status &

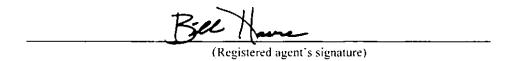
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

1.	Trianz Consultir	ng & Tech Services Inc.				
	(Enter name of co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY." "CORPORATION			
2.	Illinois	able in Florida, enter alternate corporate name				
4.	May 6, 2002	•	5. (FEI number, if applicable)  Perpetual  (Date of duration, if other than perpetual)			
		of incorporation)				
7	8700 West Bryn	(Date first transacted business i	n Florida, if prior to registration) 502, F.S., to determine penalty liabilit	y) ————————————————————————————————————		
,.	5600 River Road	; (7)				
		(Current mailing and the standards of Florida registered agent: (P.)  Registered Agents Inc.  3030 N Rocky Point Dr., STE 150A	ng address, if different)  O. Box <u>NOT</u> acceptable)	# A 8: 24		
		Tampa (City)	. Florida (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.



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:

man: _	Grikanth Manchala		
39 'ss:	79 Freedom Circle, Santa Clara, CA 95054		
	Not Applicable		
	an:		
.88:		<del></del>	
— Λ	nusuya Chaman		
39	79 Freedom Circle, Santa Clara, CA 95054		
— ————————————————————————————————————	onald Arendarcyzk	<del></del>	
81	00 West Bryn Mawr Ave., Ste. 820N, Chicago, IL 60631		
– FFIC	ERS		
ent: _	rikanth Manchala	- <u>-                                  </u>	
36	79 Freedom Circle, Santa Clara, CA 95054	er er	
_			
reside	Not Applicable nt:	<u> </u>	
s:		· •	<u></u>
 iry: _	.axmi Srikanth		
	79 Freedom Circle, Santa Clara, CA 95054		
rer: _	Anusuya Chaman		
39 88: <u> </u>	79 Freedom Circle, Santa Clara, CA 95054		
	necessary, you may attach an addendum to the application listing additional office	ers and/or directors.	
_	Q Q		
ie and	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms that he or she is aware that false information submitted in a document to the Depee felony as provided for in s.817.155. F.S.		



### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

TRIANZ CONSULTING & TECH SERVICES INC., A DOMESTIC CORPORATION. INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 06, 2002, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH A.D.

day of JULY

2018

Authentication #: 1820003300 venfiable until 07/19/2019

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE