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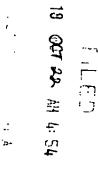
(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	<u> </u>
(Cit	ty/State/Zip/Phon	e#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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O SIMMONS NOV 0 6 2018

COVER LETTER

TO:	Registration Sec				
	Division of Corp				
_	TRYFACT	A, INC.			
SUBJ	ECT:				
		Name of co	rporation -	must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence	on by Foreign Corpor," or "Certificate of Corporation to transa	Good Stand	ing" and check are sub	et Business in Florida," mitted to register the
Please Ratika	return all corresponding	ondence concerning t	his matter to	o the following:	
			Name of Po	rson	
Tryfac	ta, Inc.				
			irm/Compa	inv	
2950 E	Buskirk Ave, Suite 1		ini compi	,	
			A 44		
Walnu	t Creek, CA 94597		Address	i	
		Cit	y/State and	Zip code	
ratika.t	yagi@tryfacta.ai			•	
		E-mail address: (to	be used for	future annual report n	otification)
For fiv	rther information -			•	
roriu	mer miormation (onceming this matter	, picase cai	l:	
Jan Scl	nieberl	4	108	419-9200 x300	
	···	at (_			
	Name of Person	/	Area Code	Daytime Teleph	none Number
	Registration Sec Division of Corp Clifton Building 2661 Executive (orations Center Circle		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
	Tallahassee, FL	32301			
Enclos	ed is a check for th	ne following amount:			
□ \$70	0.00 Filing Fee	S78.75 Filing Fee Certificate of Sta		678.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status of Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	rporation; must include "INCORPORATED," " rp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
(If name unavaila Delaware	ble in Florida, enter alternate corporate name add	opted for the purpose of transacting busi	iness in F	Torida)
Delawale				
(State or country	under the law of which it is incorporated)	(FEI number, if applicab	ole)	
03/11/1996	5	_ <u></u>		
•	of incorporation)	(Date of duration, if other than p	perpetual)
09/01/2018			∞	
2950 Buşkiirk Av	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 e, Suite 160, Walnut Creek, Ca 94597		·	DEX 23
	(Principal	office address)	,	32
	(Current mailing	address, if different)	*** ***	1. 2.
Name and stree	(Current mailing a standard of the contract of	•	73-7	Ċ
Name and stree	·	•	`>*	Ċ
Name:	t address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	>*	Ċ
	t address of Florida registered agent: (P.O. REGISTERED AGENTS INC. 3030 N. Rocky Point Drive, STE 156	Box <u>NOT</u> acceptable)	>*	Ċ

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.

Bill Havre/Secretary/Registered Agents Inc.

(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.

	commission and coses of officers and of directors.
A. DIRE	ECTORS Ratika Tyagi
Chairman	2950 Buskirk Ave, Suite 160
Address:	
,	Walnut Creek, CA 94597
Vian Chai	
	rman:
Address:	
-	
Director:	<u> </u>
Address:	· • · · · · · · · · · · · · · · · · · ·
	ch [
Director:	
Address:	
	्रे _क े या
B. OFF	ICERS
President:	Adesh Tyagi
	2950 Buskirk Ave. Suite 160
Address:	Walnut Creek, CA 94597
Vice Pres	ident:
Address:	
Secretary	:
Address:	
Treasurer	
Address:	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	Roth in The at
12	Signature of Director or Officer
THE OTTH	cer of director signing this document (and who is used in humber 11 above) arriting that the facts stated herein
	and that he or she is aware that false information submitted in a document to the Department of State constitutes egree felony as provided for in s.817.155, F.S.
Rati	ka Tyagi. CÉO
· 	(Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TRYFACTA, 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 THIRTIETH DAY OF AUGUST, A.D. 2018.

2596199 8300
SR# 20186368200
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203342692

Date: 08-30-18