FIGOUDDOJOX

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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019 JAN - 3 PM 4: 32 SECRETARY OF STATE ALLAHASSEF, FLORID

APPROVED AND FILED

SIL

COVER LETTER

TO:	Registration Se Division of Co				
SUBJ	ENNOVA	CCER INC.			
		Name of cor	poration	- must include suffix	
Dear S	Sir or Madam:				
"Certif	ficate of Existenc	ion by Foreign Corpora e." or "Certificate of G in corporation to transac	ood Star	ding" and check are sul	nct Business in Florida." binitted to register the
Please	return all corres	ondence concerning th	is matter	to the following:	
Mahes	h Dun				
			Same of	Person	
Innova	ccer INC.				
-		Fi	rın/Com	pany	
CAND	OR TECH SPACE	TOWER 3, SECOND FI	LOOR #E	12	
		<u> </u>	Addre	<u></u>	
NOID	A, UTTAR PRADI	ESH, INDIA 201309			
_		City	/State a	nd Zip code	
mahesh	1.dutt@innovaccer	.com			
		E-mail address: (to l	e used I	or future annual report	notification)
For fur	ther information	concerning this matter.	please c	all:	
Mahesi	h Dutt		91	9911334889	
	Name of Perso		rea Code	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclose	ed is a check for	the following amount:			
□ \$ 70	.00 Filing Fee	S78.75 Filing Fee Certificate of Stat		\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee. Certificate of Status & Certified Copy

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. INNOVACCER INC. (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) 300839073 (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) March'2018 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 535 MISSION STREET #SUFF NO 1829, SAN FRANCISCO, CA 94105 (Principal office address) mahesh.dutt@innovaccer.com (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Veorp Services, LLC Name: Office Address: 5011 South State Road 7, Suite 106, Broward Davie . 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.

Anthony Palazzo, Assistant Secretary
(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.

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11. Names and business addresses of officers and/or directors: A. DIRECTORS Abhinay Shashank Chairman: 550 Battery St. Apt 0403, SAN FRANCISCO, CA 94111 Address Vice Chairman: ___ Address Kanav Hasija Director A-77 First Floor Malviya Nagar, New Delhi, 110017 INDIA Address: Sandeep Kumar Gupta Director 1936 , Blake st , Street # 18, Berkeley , CA, 94704 **B. OFFICERS** President. Address Vice President: ____ Address: Secretary. Address. _ Address NOTE: If necessary, you may attack atpaddendum 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 \$.817.155, F.S. Kanav Hasija, Director

(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 "INNOVACCER 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 TWENTY-SECOND DAY OF OCTOBER, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203651364

Date: 10-22-18

5586953 8300 SR# 20187241637

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