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Tc:	Division of Corporations Fax Number : (850)617	-6383	
Fro	m: Account Name : CORPORAT Account Number : 11043200 Phone : (561)694 Fax Number : (561)694	-8107	ATIONAL INC.
ann	the email address for this busi ual report mailings. Enter only il Address:		
	FOREIGN PROFIT/NONPR	OFIT CORPORA	TION

Electronic Filing Menu

Corporate Filing Menu

Help

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APPLICATI	ON BY	FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
X .		BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Bambind Technologies, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")

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(If game unavaile	ble in Florida, enter alternate corporate nan	nic e	dopted for the purpose of transacting business in Flo	viđe)
Delaware		3	47-4281544	
(State or countr	y under the law of which it is incorporated)		(FEI number, if applicable)	
06/15/2015		5 .		-0
(Date of incorporation)			(Date of duration, if other than perpetual)	÷
06/01/2019			。 第3 それ	Ē
	(Prio	cip	l office address)	
<u></u>	(Current ma	llin	s address, if different)	
Name and stree	t address of Florida registered agent: (I	P.O	Box <u>NOT</u> acceptable)	
Name:	PARACORP INCORPORATED			
ffice Address:	155 OFFICE PLÁZA DRIVE, IST PLO	OR		

9. Registered agent's acceptance:

TALLAHASSEE, FL 32301

(City)

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 can familiar with and accept the obligations of my position as registered agent.

32301

(Zip code)

Florida

(Registered agent's signature) Hsst

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.

1.

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Name	s and business addresses of officers and/or directors:		
DIRE	CTORS		
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E: Ifn	corsary, you may attach an addendum to the application listing additional of	officers and/or dire	ctors.
	Jufan		
A Company	Signature of Director or Officer		
be and (t director signing this document (and who is listed in number 11 above) affi hat he or she is aware that false information submitted in a document to the	Department of Sm	
d degre	feloay as provided for in s.817.155, F.S.		
Sen	N GREDNE, CEO		
	(Typed or printed name and capacity of parson signing application	<u></u>	

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Page 1

The First State

I, JIFFREY W. HULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "BAMBINO TECHNOLOGIES, INC." IS DUDY 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 SIXTEENTE DAY OF OCTOBER, A.D. 2019.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SALD "BAMBINO TECHNOLOGIES, INC." WAS INCORPORATED ON THE FIFTHENTH DAY OF JUNE, A.D. 2015.

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



Authentication: 203800160 Date: 10-16-19

5765927 8300 SR# 20197563396 You may verify this certificate online at corp. defaware.gov/authver.shtml