Division of Corporations

Page 1 of 2



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number: 120080000045 : (302)645-7400 Phone : (302)645-1280 Fax Number

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

Email Address: rp@pixelbursts.com

## FOREIGN PROFIT/NONPROFIT CORPORATION

## PixelBursts Inc.

Certificate of Status	1
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## APPLICATION BY FOREAGN CORPORATION FOR AUTHORIZATION TO FRANSACT BUSINESS IN FLORIDA

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

Delaware	ible in Florida, enter alternate corporate name ac	•		
(State or countr	y under the law of which it is incorporated)	(FEI number, it	familicable)	
01/01/2020				
(Date of incorporation)		(Date of duration, if other than perpetual)		
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		ibility)	
1001 Brickell Bay	v Drive, Suite 2700, Miami, FL 33131	2,17.0., 10 determine person, 10	,	
	(Principa	I office address)		
	(Current mailing	address, if different)		
Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Rahul K Palta		20 3/ 3/ 3/	
Man Address	1001 Brickell Bay Drive, Suite 2700			
ffice Address:		33131	JAN -2	
ffice Address:	Miami	Clarida	- es 20   T	
ffice Address:	Miami (City)	, Florida(Zip code)	RY OF	

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.

(Registered agent's signature)

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
Rahul K Palta President:
1001 Brickell Bay Drive, Suite 2700
Miami, FL 33131
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Rahul Polts Signature of Director or Officer
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. Rahul K Palta. President
(Typed or printed name and capacity of person signing application)

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Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "PIXELBURSTS 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 SECOND DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PIXELBURSTS INC." WAS INCORPORATED ON THE FIRST DAY OF JANUARY, A.D. 2020.

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

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

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SR# 20200005665

Authentication: 202101812

Date: 01-02-20