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APPLICA'	TION BY FOREIGN CO		ON FOR AU		ION TO TRAN	SACT	
INCOMPLIANGE REGISTER A FOR	WITH SECTION 607.1503, I EIGN CORPORATION TO T	FLORIDA ST RANSACT B	TATUTES, THE	FOLLOWING	G IS SUBMITTED F FLORIDA.	<i>ТО</i>	
I. Symend US In					; 		
	rporation: must include "INCOF rrp," "Inc," "Co," or "Corp.")	(PORATED,	"COMPANY,"	"CORPORAT	ION.		
(If name unavaila	ble in Florida, enter alternate co	porate name a	adopted for the p	urpose of transa	acting business in Flo	rida)	
2. Delaware	Delaware		83-4590560				
(State or country	under the law of which it is inco	orporated)		(FEI number, i	f applicable)		
4, 4/22/2019		5.	Perpetual				
(Date	of incorporation)		(Date of	of duration, if of	ther than perpetual)		
6	(Date first transact (SEE SECTIONS 607.1						
7 1100 1 St SE s	uite 700 Calgary Alberta T2	G1B1 Cana	ıda				
C			al office address)			
7901 4th St N 5	STE 300 St. Petersburg FL	33702					
			ig address, if diff	erent)			
8. Name and <u>stree</u> Name:	t address of Florida registered Northwest Registered Agent	-). Box <u>NOT</u> ac	cceptable)	APR SALLARY	<u></u>	
Office Address:	7901 4th St N STE 300						
	St. Petersburg		, Florida	33702			
	(City)			(Zip code)	- 9,5 \$\$ 32,4 \$ 9 32,4 \$ 9	~	

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.

Northwest Registered Agent LLC

(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

Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Hanif Joshgani
Address: 7901 4th St N STE 300
St. Petersburg, FL 33702
Vice President:
Address:
Secretary:
Address:
Treasurer: Aly Khan Musani
Address: 7901 4th St N STE 300 St. Petersburg, FL 33702
NOTE: If meaning, you may attach an addendum to the application listing additional officers and/or directors. 12. Aly chan Musani
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. Aly Khan Musani, CFO



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYMEND US 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 THIRD DAY OF APRIL, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYMEND US INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF APRIL, A.D. 2019.

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



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