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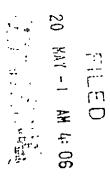
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	FCT: US TECH SYSTEMS, INC.			
5020		corporation - must	include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corporate of Existence," or "Certificate of referenced foreign corporation to tran	Good Standing" a	ınd check are submitt	
	return all correspondence concerning	this matter to the	following:	
RICHE	LA GREER			
		Name of Person		
AVAN	T TAX & FINANCE INC.			
		Firm/Company		
5152 V	ILLAGE CREEK DR			
		Address		· · · · · · · · · · · · · · · · · · ·
PLAN	D, TX 75 093			* 0
	(City/State and Zip	code	
RICHE	LA@AVANTTAX.COM			ication) ::
	E-mail address: (1	to be used for futu	re annual report notif	ication) :: -
For fu	ther information concerning this matt	er, please call:		M 4 00
RICHE	LA GREER	(469) 320	-9029	o
	Name of Person	Area Code	-9029 Daytime Telephone	e Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on prations
Please	ed is a check for the following amount make check payable to: FLORIDA DEP. .00 Filing Fee \$78.75 Filing F Certificate of S	ARTMENT OF ST $6e \& \Box 78.7		387.50 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.

(If name unavaila	ible in Florida, enter alternate corporate name a	dopted for the purpose of transacting b	usiness in Florida)	
TEXAS	3.	3-2896158		
(State or countr 12/19/2018	y under the law of which it is incorporated)	(FEI number, if applic	cable)	
(Date of incorporation)		(Date of duration, if other than perpetual)		
04/27/2020				
101 m/m 1701 11111 m m		02, F.S., to determine penalty liability)		
10175 FORTUNE	PARKWAY UNIT 904, JACKSONVILLE, F			
	(Principal offic	ce <u>street</u> address)		
•	(0	10 4100	· · · · · · · · · · · · · · · · · · ·	
	(Current matur)	g address, if different)	0	
Name and stree	t address of Florida registered agent: (P.O	Box NOT acceptable)		
Name:	SHOBHARANI BATCHANGARI		· - E	
ffice Address:	10175 FORTUNE PARKWAY, UNIT 904	 !	AH 4: 0;	
	JACKSONVILLE	, Florida 32256	07	
	(City)	(Zip code)		
	•	(Zip code)		
	nt's acceptance: ed as registered agent and to accept servic	e of process for the above stated co	orporation at the p	
aving been nam	application, I hereby accept the appointm		o act in this capac	

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS SHOBHARANI BATCHANGARI Name: ___ □Chairman □ Chairman Name: _____ 10175 FORTUNE PARKWAY ☐ Vice Chairman Address: □ Vice Chairman Address: **UNIT 904** □Director □ Director JACKSONVILLE, FL 32256 □President **■**President ☐ Vice President ☐ Vice President □Treasurer □Treasurer ☐ Secretary □ Secretary ☐Other _____ □Other _____ ☐Other _____ □Chairman Name: _____ □ Chainnan Name: □ Vice Chairman Address: _____ □Vice Chairman Address: □Director □Director □ President □President □ Vice President __ □Vice President - 🗆 Treasurer ☐ Secretary ☐Treasurer ☐ Secretary □Other _____ Name: □Chairman | Name: ___ □ Chai⊓nan □ Vice Chairman Address: ______ □Vice Chairman Address: ____ □ Director □ Director □President □President □Vice President □ Vice President _____ □ Secretary □ Treasurer □ Secretary □Treasurer ☐Other _____ □Other _____ □Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Signature of Director or Officer

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Ruth R. Hughs Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for US TECH SYSTEMS, INC (file number 803191924), a Domestic For-Profit Corporation, was filed in this office on December 19, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 22, 2020.



Ruth R. Hughs Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services Phone: (512) 463-5555