(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	CYRAL, INC.			
SUBJECT:	Nam	e of corporation -	- must include suffix	
Dear Sir or M	ladam:			
"Certificate of	"Application by Foreign 6 of Existence." or "Certification to the foreign corporation to the foreign c	te of Good Stand	ling" and check are subm	
Please return	all correspondence concer	ming this matter	to the following:	
		ANGELINI	E TAN	
	-	Name of F	Person	
		SAGENT MANA	AGEMENT	
Firm/Company				r- 3
691 S. MILPITAS BLVD, STE 212				
		Addre	SS	
		MILPITAS, O	CA 95035) !~
		City/State an	•	-
		_	AGENTMANAGEMENT.Cor future annual report no	~ 1
	E-man addre	ess: (to be used to	or ruture annual report no	unication)
For further in	nformation concerning this	matter, please ca	all:	
ANGELINE T	'AN	at (408) 263-1040 Area Code Daytime Telephone Number		
Nan	ne of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Cor P.O. Box 6327	M LING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a Please make c □ \$70.00 Fil	•	DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

DELAWARE		Jopicu for the purpose of transacting ous	iness in Florida)	
OELAWARE (State or country under the law of which it is incorporated)		83-1886390	83-1886390	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applical	ble)	
09/07/2018 5				
(Date of incorporation)		(Date of duration, if other than perpetual)		
	06/15/20			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability)		
	2421 BROADWAY, STE	100, REDWOOD CITY, CA 94063		
	(Principal offic	e <u>street</u> address)		
	(Current mailing	In the time		
	(Current manning	address, if different)	. ;	
Name and stree			7.	
Name and street	et address of Florida registered agent: (P.O. INCORPORATING SERVICES, LTD.			
Name:	et address of Florida registered agent: (P.O.			
	et address of Florida registered agent: (P.O. INCORPORATING SERVICES, LTD. 1540 GLENWAY DR			

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.

DocuSign Envelope ID: 83B9DD78-6F5F-44FF-B166-1C0B70A37419

A. DIRECTORS Name: SRINIVAS VADLAMANI Name: MANAV MITAL □ Chairman □Chairman 2421 BROADWAY, STE 100 2421 BROADWAY, STE 100 Address: ☐ Vice Chairman Address: □ Vice Chairman REDWOOD CITY, CA 94063 REDWOOD CITY, CA 94063 Director **■**Director □ President □President □Vice President ☐ Vice President **■**Secretary Treasurer ☐ Secretary ☐Treasurer ■Other CEO □Other _____ □Other_____ □Other _____ Name: ____ SATISH DHARMARAJ □ Chairman □ Chairman 2421 BROADWAY, STE 100 2421 BROADWAY, STE 100 □Vice Chairman Address: ____ ☐ Vice Chairman Address: REDWOOD CITY, CA 94063 REDWOOD CITY, CA 94063 ■ Director ■ Director □ President □President ☐ Vice President □Vice President ☐ Secretary □Treasurer □ Secretary Treasurer □Other_____ Other _____ □Other _____ Name: Name: ______ ☐ Chairman ☐ Chairman □ Vice Chairman Address: □Vice Chairman Address: □ Director Director □ President □ President □Vice President ☐ Vice President □Treasurer □ Secretary □Treasurer ☐ Secretary □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. Marray Mital Signatule of Discotors on 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. MANAV MITAL (CEO)

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CYRAL, 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 EIGHTH DAY OF JUNE, A.D. 2020.

1812 C 1912 TH 2: 3:1



7047102 8300 SR# 20205553490

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

Johny W Bulack, Exercising of Easts

Authentication: 203070365

Date: 06-08-20