F2000000 3326

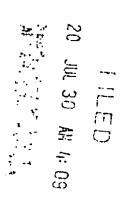
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 7/30 Pecelved Cele F WC
JOHN STEELS
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06/30/20 61/32 -614 ***G1/5/



COVER LETTER

	tration Section ion of Corporations				
SUBJECT:	ALIRON INTERNATIONAL	INC.			
		of corporation - mi	ust include suffix		
Dear Sir or M	adam:				
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Standing	" and check are submitt		
Please return	all correspondence concerni	ng this matter to th	ne following:		
Aruna Ajjarapi	И				
		Name of Person	on		
ALIRON INTI	ERNATIONAL, INC.				
		Firm/Company	′		
1 Cragwood R	oad, Suite 101,				
		Address			
South Plainfiel	d, New Jersey 07080.				
		City/State and Z	ip code	· : :	
hr@aliron.com					
	E-mail address:	(to be used for fu	ture annual report notif	ication)	
For further int	formation concerning this ma	atter, please call:			
Kiran Padayak	1	540 8 at ()	808-1615 x 120		
Name	e of Person		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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following amo eck payable to: FLORIDA DE ng Fee	PARTMENT OF 3 Fee & \$= 12 \$78		■ \$87.50 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.

1 ALIRON INTER	NATIONAL, INC.				
	orporation: must include "INCORPORATED orp." "Inc." "Co." or "Corp.")	." "СОМР.	ANY." "CORPORATION	ON."	
(If name unavaila	able in Florida, enter alternate corporate name	e adopted fo	r the purpose of transac	ting business in Florida)	
2. DELAWARE	3	52-16634			
(State or countr	y under the law of which it is incorporated)	(FEI number, if		applicable)	
4. 11/08/1990	5				
(Date of incorporation)			(Date of duration, if other than perpetual)		
6.					
•	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1			siliny)	
7 1209 Orange Stre	eet, Corporation Trust Center, Wilmington, De			, interpretation	
/·		ipal office a			
1 Cragwood Roa	d, Suite 101, South Plainfield, New Jersey 07	7080.		20	
· · · · · · · · · · · · · · · · · · ·	(Current mail	ing address.	if different)		
8. Name and stree	t address of Florida registered agent: (P.	.O. Box <u>N</u>	<u>OT</u> acceptable)	30	
Name:	Registered Agents Inc.				
	7004 44 00 4 075 000			4: 09	
Office Address:	7901 4th St N STE 300			09	
	St. Petersburg	Fle	orida <u>33702</u>		
	(City)		(Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the p designated in this application, I hereby accept the appointment as registered agent and agree to act in this capac 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.

Registered Agents Inc.

Bill Havre - Assistant Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this applicat the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisd under the law of which it is incorporated.

□ Chairman	Name: Aruna Ajjarapu	□Chairman	Name:
□Vice Chairman	Address: 1 Cragwood Rd. Suite 101	□Vice Chairman	Address:
□Director	South Plainfield, NJ, 07080	□Director	
President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	Secretary	□Treasurer
Other	Other	Other	□Other
□ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		President	
□Vice President		□ Vice President	
□ Secretary	□Treasurer	Secretary	□Treasurer
□Other	Other	Other	
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman	Name: 30 Address:
□Director		□Director	· · · · · · · · · · · · · · · · · · ·
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	Secretary	□Treasurer
□Other	Other	Other	Other
individuals may be	Signature of Director of the signing this document (and who is listed in number	nt of State Annual Re	eport 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 the she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for s.817.155, F.S.

13. Aruna Ajjarapu - President



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

DELAWARE, DO HEREBY CERTIFY "ALIRON INTERNATIONAL, 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 TWENTY-THIRD DAY OF JULY, A.D. 2020.

Authentication: 203339334

Date: 07-23-20



July 7, 2020

ARUNA AJJARAPU ALIRON INTERNATIONAL, INC. 1 CRAGWOOD ROAD, SUITE 101 SOUTH PLAINFIELD, NJ 07080 US

SUBJECT: ALIRON INTERNATIONAL, INC.

Ref. Number: W20000069531

We have received your document for ALIRON INTERNATIONAL, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang Regulatory Specialist II

7/30 Received Cert UDC

Letter Number: 920A00013182