F20000003627

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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52/20/2

Incorporating Services, Ltd.

3500 S DuPont Highway

Dover, DE 19901 302.531.0855 Fax: 302.531.3150

Fax: 302.531.3150 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, Ft. 32303
corphelp@dos.myflorida.com

FROM Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE | 8/19/2020

PRIORITY : Regular Approval

OUR REF # (Order ID#) 847799

ORDER ENTITY DELTA PROJECT MANAGEMENT, INC.

850-245-6051

PLEASE PERFORM THE FOLLOWING SERVICES: DELTA PROJECT MANAGEMENT, INC. (FL)

File the attached foreign qualification document

NOTES TO THE REPORT OF THE PROPERTY OF THE PRO

\$70.00 Authorized

Email address for annual report reminders: arfs@incsery.com

RETURN/FORWARDING INSTRUCTIONS

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

2020 F15 19 F15 1: 50

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.

Delta Project Ma	nagement, Inc.		
	orporation; must include "INCORPORATED orp." "Inc." "Co." or "Corp.")	," "COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting busing	ness in Florida)
California	3	900721722	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicab	le)
. 1120 2011			
(Date of incorporation) 5.		(Date of duration, if other than perpetual)	
		in Florida, if prior to registration)	
		1502, F.S., to determine penalty liability)	
100 Concar Drive	, San Mateo, CA 94402		
	(Principal of	fice <u>street</u> address)	
	(Current mail	ing address, if different)	
		a to NOT	
Name and stree	et address of Florida registered agent: (P.	.O. Box NOT acceptable)	
Name:	Incorporating Services, Ltd.		207
cc 4.11	1540 Glenway Drive		0
ffice Address:		22201	1920 / ··· 19 Pil
	Taliahassee	, Florida 32301 (Zip code)	61
	(City)	(Zip code)	<u></u>
Registered age	ent's acceptance:		
aving been nam	ned as registered agent and to accept ser	vice of process for the above stated corp	oration at the p
esignated in this	application, I hereby accept the appoint omply with the provisions of all statutes	tment as registered agent and agree to the property and complete per	ict in this capac formance of m
irther agree to c nd I am familiai	omply with the provisions of all statutes with and accept the obligations of my p	retuitve to the proper una complete per position as revistered agent.	joiniunce of m
au r um jumanur	with and accept the obligations of my p		
	Janice & Luga	Janice R. Lugo - Assistant Secretar	у
***	(Registered agents	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.

A. DIRECTORS				
□Chairman	Scott Kobayashi Name:	□Chairman	Feras Al-Zubaidy Name:	
□Vice Chainnan	Address:	□Vice Chairman	Address:	
Director	San Mateo, CA 94402	■ Director	San Mateo, CA 94402	
■ 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	□Other	
			2020 I	
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□ Director		Director	<u> </u>	
□President		□President		
□Vice President		□Vice President	· D	
Secretary	Treasurer	☐ Secretary	□Treasurer	
Other	Other	Other	□Other	
individuals may b	Use an attachment to report more than six (6). The e added to the isolog when filing your Florida Departure of Direct	rtment of State Annual Re	port form.	
she is aware that s.817.155, F.S.	ector signing this document (and who is listed in nur false information submitted in a document to the De	mber 11 above) affirms th partment of State constitu	at the facts stated herein are true and that he of ites a third degree felony as provided for in	
13. Scott Koba	yashi, CEO			



I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

Entity Name:

DELTA PROJECT MANAGEMENT, INC.

File Number:

C3377208

Registration Date:

04/28/2011

Entity Type:

DOMESTIC STOCK CORPORATION

Jurisdiction:

CALIFORNIA

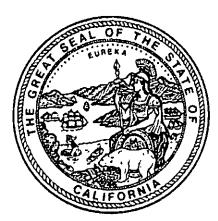
Status:

ACTIVE (GOOD STANDING)

As of August 17, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 18, 2020.

ALEX PADILLA

Secretary of State

Certificate Verification Number: REV5NWY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <u>bebizfile.sos.ca.gov/certification/index</u>.