

F20000003995

KENNETH WONG

(Requestor's Name)

830 HILLVIEW CT.

(Address)

STE 250

(Address)

MILPITAS, CA 95035

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

ALPHA MATRIX GLOBAL, INC.

(Business Entity Name)

W20000094254

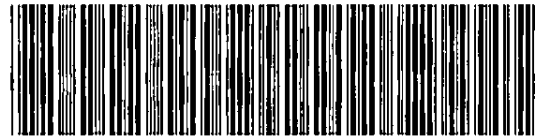
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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9/16/20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2020

KENNETH WONG  
830 HILLVIEW CT.  
STE:250  
MILPITAS, CA 95035

SUBJECT: ALPHA MATRIX GLOBAL, INC.  
Ref. Number: W20000094254

We have received your document for ALPHA MATRIX GLOBAL, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Yvette Scott  
Document Specialist II

Letter Number: 820A00016195

RECEIVED  
SEP 14 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALPHA MATRIX GLOBAL, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KENNETH WONG

Name of Person

KENNETH WONG CPA, INC.

Firm/Company

830 HILLVIEW CT, STE 250

Address

MILPITAS, CA 95035

City/State and Zip code

KENNETHWONGCPA@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNETH WONG

at (408) 719-7676

Name of Person

Area Code

Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☒ \$78.75 Filing Fee & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. ALPHA MATRIX GLOBAL, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DELAWARE 3. 84-1971423  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/26/2016 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 800 BATTERY AVE SE, STE 100 Atlanta, GA 30339  
(Principal office street address)
- 1454 PETERSON PLACE, PITTSBURGH, PA 15241  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

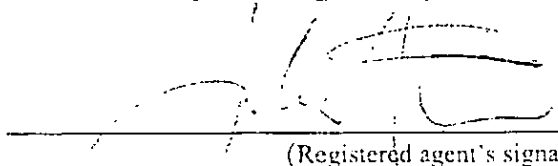
Name: JOHN KEITH

Office Address: 2760 S OCEAN BLVD, APT 307

PALM BEACH, Florida 33480  
(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 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.*

  
(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.

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

☐ Chairman Name: PAUL ROMA  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 800 BATTERY AVE SE STE 100  
☐ President ATLANTA, GA 30339  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: PRAVEEN KESAVA  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 800 BATTERY AVE SE STE 100  
☐ President ATLANTA, GA 30339  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: PRASHANT KASTURI  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 800 BATTERY AVE SE STE 100  
☐ President ATLANTA, GA 30339  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

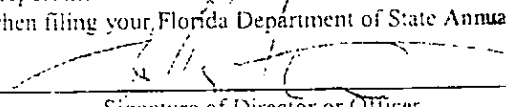
☐ Chairman Name: JOHN KEITH  
☐ Vice Chairman Address: 800 BATTERY AVE  
☐ Director SE, STE 100  
☒ President ATLANTA, GA 30339  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: NIKHIL MENDHI  
☐ Vice Chairman Address: 800 BATTERY AVE  
☐ Director SE, STE 100  
☐ President ATLANTA, GA 30339  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: NIKHIL MENDHI  
☐ Vice Chairman Address: 800 BATTERY AVE  
☐ Director SE, STE 100  
☐ President ATLANTA, GA 30339  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ 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.

12

  
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. JOHN KEITH, CEO

(Typed or printed name and capacity of person signing application)

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "ALPHA MATRIX GLOBAL, 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 THIRTIETH DAY OF JUNE, A.D. 2020.



5947801 8300

SR# 20205993254

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203205774

Date: 06-30-20