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(((H210000097463)))



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## FOREIGN PROFIT/NONPROFIT CORPORATION BAYONE SOLUTIONS INC.

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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSABUSINESS 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.

	OLUTIONS INC.		
(Enter name of co	opporation; must include "INCORPORATED, orp." "Inc." "Co," or "Corp.")	" "COMPANY."	"CORPORATION,"
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the pr	upose of transacting business in Flori-
7 California	3	45-5490507	
	(under the law of which it is incorporated)		(FEI number, if applicable)
4. 6/8/2012	5	Perpetual	
	of incorporation)	(Date o	f duration, if other than perpetual)
6. 04/06/2020			
0	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior 502, F.S., to deter	to registration) mine penalty liability)
4637 Chabot	Dr Suite 250, Pleasanton, California	94588	
·	(Principal off	ce street address	)
	(Current maili	ng address, if diffe	rieni)
8. Name and street	t address of Florida registered agent: (P.0	D. Box <u>NOT</u> ac	ceptable)
Name:	Business Filings Incorporated		
Office Address:	1200 South Pine Island Road		
Silie Marco.	Plantation	, Florida_	33324
	(City)		(Zip code)
designated in this	ent's acceptance; ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes; with and accept the obligations of my pe	ment as register relative to the pi	ed agent and agree to act in this c coper and complete performance of
	Mark Williams, AV	P. Business Filin	igs Incorporated
<del></del>	(Registered agent's	iguature)	<del> </del>
	and the said miles and their anthonories and	not more than	on days prior to delivery of this am

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this appetite Department of State, by the Secretary of State or other official having custody of corporate records in the junder 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]:

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## Fax Audit # H21000009746 3

A. DIRECTORS			
[]Chairman	Name: Rahul Sharma	☐Chairm <b>a</b> n	Name: Yogosh Vinnani
∐Vice Chairman	Address:	□Vice Chairman	Address:
<b>X</b> Director	4637 Chabot Drive Suite 250	<b>X</b> Director	4637 Chabot Drive Suite :
<b>∑</b> !President	Pleasanton, California 94588	□President	Pleasanton, California, 945
□Vice President		(XVice President	
□Secretary	⊕ Treasurer	(X)Secretary	<b>☆</b> Treasurer
□Other	Other	<b>○</b> Other	Other
□Chainnan	Name:	□Спнітап	Name:
□Vice Chairman	Address:	∐Vice Chairman	Address:
□Director		□Director	
□President	Approximate the second	□President	
∐Vice President		□Vice President	
□Secretary	□Treasmer	☐Secretary	☐Treasuer
□Other	COther	⊡Othei	Other
<b>⊡Chair</b> man	Name:	□Chainnan	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		∐Director	
□President	40.00	∐President	
©Vice President		□ Vice President	
□ Secretary	[] Treasurer	Disecretary	∐Treasurer
□Other		∐Other	
individual, may b	Use an attachment to report more than six (6). The e added to the index when filing your Florida Depa	attachment will be image riment of State Annual R	ad for reporting purposes only, $N$ eport form.
[2,	Signature of Duec	Z) 02	
The officer or dire she is aware that i s.817.155, F.S. Rahul Sha	Signature of Director signing this document (and who is listed in a false information submitted in a document to the Dearma, President	miber f1 above) affirms t	hat the facts stated herein are true
13.	(Typed or printed name and capacity of	person signing application	n)

10, 16500175505



1, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: BAYONE SOLUTIONS

File Number: C3479273 Registration Date: 06/08/2012

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of February 11, 2021 (Certification Date), the entity is authorized to exercise all of its powers, n and privileges in California.

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

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



IN WITNESS WHEREOF, I execute this cert and affix the Great Seal of the State of California day of February 12, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: ZQQAD6Z

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