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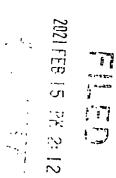
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Special Instructions to	Filing Officer:	
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COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	Infinisim, Inc.			
302000	Name	of corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate of		of Good Stand	Authorization to Transact Busin ling" and check are submitted to in Florida.	
Please return	all correspondence concerni	ng this matter	to the following:	21
Maria Sanford	Maria Sanford)21 = 7
		Name of F	Person	(F)
Attorneys Corp	poration Service			ज 🗒
		Firm/Comp	oany	7
5668 E. 61st S	treet			
	· · · · · · · · · · · · · · · · · · ·	Addre	SS	12
Commerce, CA	A 90040			·
		City/State an	id Zip code	
samia@infinis				
	E-mail address	: (to be used for	or future annual report notificat	ion)
For further in	formation concerning this m	natter, please ca	all:	
Maria Sanford		800 at (462-5487	
Nam	e of Person	Area Code	_) 462-5487 Daytime Telephone No	ımber
Regis Divis The C 2415	EET/COURIER ADDRES stration Section ion of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDRES Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	ons
	check for the following amoreck payable to: FLORIDA Ding Fee	EPARTMENT ig Fee & □	\$78.75 Filing Fee & S Certified Copy	87.50 Filing Fee, Certificate of Status & Certified Copy

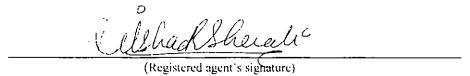
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.	Infinisim, Inc.						
		orporation: must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED.	" "COMPANY," "CORPORATION,"			
	(If name unavaila	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting bu	isiness in	Fiorida	1)
2.	DE		3.	71-0893472			
	(State or country	y under the law of which it is incorporated)	(FEI number, if applie	able)		_
4	06/12/2002		5	N/A			
•••	(Date	of incorporation)	٥.	(Date of duration, if other than	perpetual	1)	_
6.							
	2040 7	(SEE SECTIONS 607.1501 & 60		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	:	2021 F	_ ~~;}}
7	2860 Zanker Road	d, Suite 202, San Jose, CA 95134				3	
		•	off	ice <u>street</u> address)		<u>ري</u>	4
_	2860 Zanker Road, Suite 202, San Jose, CA 95134						_ (j 1
		(Current ma	ailii	ng address, if different)	1000 1000 1000	2	
8.	Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	-	2	
	Name:	Dilshad Sherali					
Of	fice Address:	706 Cherry Grove Road					
		Orange Park		, Florida 32073			
		(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.



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	Samia Rashid Name:	■ Chairman	Name: Mahmood Panjwani		
□Vice Chairman	Address:	□Vice Chairman	Address: 2860 Zanker Road, Suite 202		
□Director	San Jose, CA 95134	□Director	San Jose, CA 95134		
■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	202		
□President		□President			
□Vice President	·	□Vice President	<u></u>		
☐ Secretary	□Treasurer	□ Secretary	OTreasurer N		
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		
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 dire she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in numberalse information submitted in a document to the Depart	er 11 above) affirms the timent of State constitution	nat the facts stated herein are true and that he or ates a third degree felony as provided for in		
13. Samia Rasi	hid, President	<u></u>	<u>_</u>		

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INFINISIM, 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-SECOND DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INFINISIM, IN WAS INCORPORATED ON THE TWELFTH DAY OF JUNE, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE
BEEN PAID TO DATE.

Authentication: 202350206

Date: 01-22-21

3535894 8300 SR# 20210200501