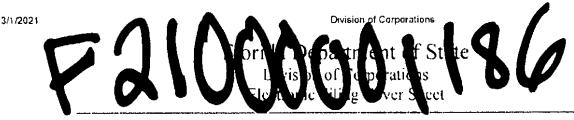
From: Ranae McGraw



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 	

FOREIGN PROFIT/NONPROFIT CORPORATION Indeed Flex, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Page: 3 of 5

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.

Indeed Flex, Inc 1.				
(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavails	ible in Florida, enter alternate corporate name	ndopted for the purpose of transacting busine	ess in Florida)	
Delaware	3.	85-0568068		
(State or countr 3/12/2020		(FEI number, if applicable		
	of incorporation)	(Date of duration, if other than perpetual)		
6433 Champion C	(SEE SECTIONS 607,1501 & 607.1 Grandview Way, Austin, Texas 78750	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	211	
(Principal office address)		pal office address)	:	
	(Current maili	ng address, if different)		
	et address of Florida registered agent: (P.C C T Corporation System	D. Box NOT acceptable)	· 	
Name: Office Address:	1200 South Pine Island Road			
,	Plantation, (City)	, Florida 33324 (Zip code)		
	(City)	(Zip tout)		

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.

By: Assistant Secretary

(Registered Jeent'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.

2021-03-01 09:24:33 CST

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To: 18506176383

A. DIRECTORS

11. Names and business addresses of officers and/or directors:

Chairman:		
Address:		
_		
Vice Chair	mac	
_		
Director:	Tokashi Nishimura	
Address:	6433 Champion Grandview Way, Austin. Texas 78750	
Director:		
·		
B. OFFI		<u> </u>
President:		2021 :
		i .
		→ ¬
Vice Presi	ident:	<u></u>
		• • •
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Secretary:		
NOTE:	Mericessary, you may attach an addendum to the application listing additional officers as akashi Nishimura	nd/or directors.
12.	Signature of Director or Officer	
are true a	eer or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Departmegree felony as provided for in s.817.155, F.S.	the facts stated herein nent of State constitutes
13. Taka		
	(Typed or printed name and capacity of person signing application)	





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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INDEED FLEX, 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-FIFTH DAY OF FEBRUARY, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.



You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202599978

Date: 02-25-21