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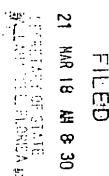
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COUNTY OF BEST

COVER LETTER

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SUBJECT:	xFusion Tech	nologies Inc.			
oobole.		Name of corpora	tion - mu	st include suffix	
Dear Sir or M	adam:				
"Certificate of	f Existence,"	by Foreign Corporation or "Certificate of Good orporation to transact bu	Standing'	and check are sub	ct Business in Florida," mitted to register the
Please return a	all correspond	lence concerning this m	atter to th	e following:	
Neil Jones					
		Name	of Perso	n	
xFusion Techn	ologies Inc.				
		Firm/	Company		
8950 SW 74th	Ct, Suite 2201				
		A	ddress		
Miami, FL 331	56				
		City/Sta	te and Zi	p code	
neil.joncs@xfu					
		i-mail address: (to be us	ed for fut	ure annual report r	notification)
For further inf	ormation con	cerning this matter, plea	ise call:		
Neil Jones		916 at () 45	59-1888	_
Name	of Person	Area (Code	Daytime Telep	hone Number
Regist Divisi The C 2415 I	tration Section on of Corpora entre of Talla	ations hassee reet, Suite 810		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
		following amount: FLORIDA DEPARTMI	ENT OF S	TATE	
□ \$70.00 Filio		\$78.75 Filing Fee & Certificate of Status	□ \$78.	75 Filing Fee & tified 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.

(Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Neil Jones 8950 SW 74th Ct, Suite 2201 Miami (City) (City) Registered agent's acceptance:	(State or country under the law of which it is incorporated) (Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Notil Jones Registered agent's acceptance: Whiami (City) Registered agent's acceptance: Wing been named as registered agent and to accept service of process for the above stated corporation at the prignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity the appointment as registered agent and agree to act in this capacity agree to comply with the provisions of all statutes relative to the proper and complete performance of my	(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in I	Florida)
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2893 Sunrise Boulevard, Suite 202, Ranch Cordova, CA 95742 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Neil Jones 8950 SW 74th Ct, Suite 2201 Miami (City) Registered agent's acceptance:	(Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (SEF SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2893 Sunrise Boulevard, Suite 202, Ranch Cordova, CA 95742 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Name: Neil Jones 8950 SW 74th Ct, Suite 2201 Miami (City) Registered agent's acceptance: Principal office street address (Zip code) Registered agent's acceptance: Principal office street address (Zip code) Registered agent and as registered agent and to accept service of process for the above stated corporation at the pisignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacitater agree to comply with the provisions of all statutes relative to the proper and complete performance of my	California	3.	273085917	
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11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Sanjib Nayak Name: _____ □Chairman □Chairman 2893 Sunrise Boulevard ☐ Vice Chairman Address: □Viœ Chairman Address: Suite 202 ■Director □ Director Rancho Cordova □ President □President CA 95742 ☐ Vice President □ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □ Other _____ □Other _____ □ Other _____ □Other _____ Name: ____ Name: _____ □ Chairman □ Chairman Address: _______ □Vice Chairman Address: _______ □Vice Chairman □ Director ☐ Director □ President ☐ President _____ ☐ Vice President □ Vice President _____ □ Secretary ☐ Treasurer □ Secretary ☐Treasurer ☐ Other _____ □ Other _____ ☐ Other _____ Name: ______ Name: _____ □ Chairman ☐ Chairman □Vice Chairman Address: _______ ☐ Vice Chairman Address: Director ☐ Director □President ☐ President □Vice President _____ ☐Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □()ther _____ □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. Say & Nay av 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. Sanjib Nayak, Director



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

Entity Name: XFUSION TECHNOLOGIES INC.

File Number: C3284911 Registration Date: 03/11/2010

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of March 11, 2021 (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 March 12, 2021.

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

Certificate Verification Number: R3NE16R

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