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| | (Requestor's Name) | | | |
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| | (Address) | | | |
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| | (City/State/Zip/Phone #) | | | |
| PiCn- | J.? MAIL MAIL | | | |
| | (Business Entity Name) | | | |
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| Certified Cooles | Certificates of Status | | | |
| Special Instruction | n: to Filing Officer | | | |
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DATE:

5/12/2021

NAME: WYNWOOD GULF SERVICES, INC

TYPE OF FILING: APPLICATION

COST:

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RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

| | | ration Section on of Corporations | | | | | | |
|------------------|--|---|----------|----------------|-----------------------------------|---|---|--|
| SUBJE | ст٠ | Wynwood Gulf Services, Inc. | | | | | | |
| BODGE | . | Name of corporation - must include suffix | | | | | | |
| Dear Sir | or Ma | ıdam: | | | | | | |
| "Certifica | ate of | Application by Foreign Con Existence," or "Certificate of red foreign corporation to tra | f | Good Standi | ngʻ' a | nd check are submi | | |
| Please re | turn a | Il correspondence concernin | g | this matter to | the t | ollowing: | | |
| Eileen Do | ownes | | | | | | | |
| | | | | Name of Pe | erson | | | |
| Katten M | uchin | Rosenman LLP | | | | | | |
| | | | | Firm/Comp | any | | | |
| 525 W M | onroe | St Ste 1900 | | | | | | |
| | | | | Address | S | | | |
| Chicago. | IL 600 | 561 | | | | | | |
| | | | C | ity/State and | Zip c | code | | |
| | | E-mail address: | (10 | be used for | futur | e annual report not | ification) | |
| For furth | er inf | ormation concerning this ma | tte | er, please cal | l: | | | |
| Eileen Downes at | | ıt (| (312) 57 | | 77-8215 Daytime Telephone Number | | | |
| I | Name | of Person | | Area Code | , | Daytime Telephor | ne Number | |
| R D T 2 | Regist Division The Co 1415 N | ET/COURIER ADDRESS: ration Section on of Corporations entre of Tallahassee s. Monroe Street, Suite 810 assee, FL 32303 | • | | | MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL | tion orations | |
| | ke che | heck for the following amounce payable to: FLORIDA DER ng Fee | PA Fo | RTMENT C | \$78.75 | | S87.50 Filing Fee, Certificate of Status & Certified Copy | |

under the law of which it is incorporated.

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.

| Services Inc. | | | | |
|--|--|---|--|--|
| orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION," | | | |
| able in Florida, enter alternate corporate name a | dopted for the purpose of transacting b | usiness in Florida) | | |
| 3 | | | | |
| y under the law of which it is incorporated) | (FEI number, if applic | able) | | |
| 5 | | | | |
| of incorporation) | (Date of duration, if other than perpetual) | | | |
| | | | | |
| | | | | |
| Ste 1900, Chicago, IL 60661 | , , , | | | |
| (Principal offic | e street address) | | | |
| · | | | | |
| (Current mailing | address, if different) | | | |
| <u>t address</u> of Florida registered agent: (P.O. | Box NOT acceptable) | 2021 H | | |
| Paracorp Incorporated | | . ₹ | | |
| 155 Office Plaza Dr., 1st Floor | | N E | | |
| Tallahassee | 32301 | | | |
| | , Florida (Zin code) | 8. 5 | | |
| ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes re | ent as registered agent and agree to lative to the proper and complete p | o act in this capacity erformance of my duti | | |
| Please see attached. | | | | |
| (Registered agent's sig | nature) | _ | | |
| pertificate of existence duly authoricated in | of more than 90 days prior to delive | ery of this application t | | |
| | orporation; must include "INCORPORATED." orp.," "Inc.," "Co.," or "Corp.") able in Florida, enter alternate corporate name a 3. y under the law of which it is incorporated) (Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 | orporation: must include "INCORPORATED." "COMPANY," "CORPORATION." orp." "Inc." "Co." or "Corp.") able in Florida, enter alternate corporate name adopted for the purpose of transacting be a second or the law of which it is incorporated) [FEI number. if applied of incorporation] [Oate of duration. if other than (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability). Ste 1900. Chicago, IL 60661 [Principal office street address] [Current mailing address. if different] [Current mailing address. if different] | | |

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

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

DocuSign Envelope ID: AE2779AD-C73B-48A7-A788-FE8958917A1D

| `□Chairman | Name: Krishna Kantheti | □Chairman | Name: | | | | |
|---|--------------------------------------|-----------------|------------|--|--|--|--|
| | 525 W Monroe St Ste 1900 Address: | □Vice Chairman | Address: | | | | |
| Director | Chicago, IL 60661 | □Director | | | | | |
| 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 | | | | | |
| □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 | | | | | |
| □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. Ensura Fauthoric 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.

Krishna Kantheti

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 05/11/2021

ENTITY NAME: Wynwood Gulf Services Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

Page 1



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

DELAWARE, DO HEREBY CERTIFY "WYNWOOD GULF SERVICES 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 ELEVENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WYNWOOD GULF SERVICES INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2021.

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

THE PARTY OF THE P

Authentication: 203176777

Date: 05-11-21