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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 : (954)208-0845 Fax Number

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Email Address:_____

FOREIGN PROFIT/NONPROFIT CORPORATION

Slash Eureka, Inc.

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

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Corporate Filing Menu

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Slash Eureka, In	¢				
(Enter name of c	orporation, must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	` "COMPANY." "CORPORA"	NON,"		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of trans	acting business in Florida)		
Delaware 2.	3.				
(State or countr	•	(FEI number, if applicable)			
January 25, 202	1 5	Perpetual			
(Date	of meorporation) 5.	(Date of duration, if o	ther than perpetual)		
***************************************	(Date first transacted business in (SEE SECTIONS 607,1501 & 607,15	n Florida, if prior to registration' 502. F.S., to determine penalty l) iability)		
		,, ,			
7. 690 Lectes Island	Road, Branford, CT 06105				
7. 690 Leetes Island	Road, Branford, CT 06105	ce <u>street</u> address)			
7. 690 Lectes Island	Road, Branford, CT 06405 (Principal offi		ZOZI HAY SECRET		
8. Name and stre	Road, Branford, CT 06405 (Principal offi	ce <u>street</u> address) og address, if different)	2021 HAY 24 SEGRETARY FALLACIAS		
1	Road, Branford, CT 06405 (Principal offi (Current mailir et address of Florida registered agent: 4P.C	ce <u>street</u> address) og address, if different)	2021 HAY 24 A SECRETARY O		
8. Name and stree Name:	(Principal offi (Current mailir et address of Florida registered agent: (P.C	ce <u>street</u> address) og address, if different)	2021 HAY 24 SEGRETARY FALLATAS		

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.

Mudica Helling	Meredith Hellwig, Assistant Secretary	C T Corporation System
	(Registered agent'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.

2021-05-21 15:20:28 CST

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To: 18506176383

A. DIKECTORS □Chairman	Name:	□Chairman	Praveen Chekuri Name:	
□Vice Chairman	640 Leetes Island Road Address.	∃Vice Chairman	Chairman Address. 690 Leetes Island Road Branford, CT 06405	
☐ Director	Branford, CT 06405	Director		
≡ Presidem		ElPresident		
∐Vice President		□Vice President		
Secretary	Titleasure	TISecretary	Treasurer	
■Other CEO	Other	□Other		
니Chairman	Name:	∐('hairman	Name:	
'∃Vice Chairman	Address.	Tivice Chairman	Address:	
□Director		□Director		
□President		∃Presidem		
TVice President		□Vice President		
□Secretary	☐ Treasurer	□ Secretary	Treasurer	
□Other	□Other	Other	Other	
⊒Chairman	Name.	∐Chairman	Name	
∐Vice Chairman	Address	□Vice Chairman	Address:	
_lDirector		□Director		
. IPresident		[]President		
		ElVice President		
Disecretary	Treasurer	DSecretary	TTreasurer	
☐Other		□Other		
Important Nouce individuals may l	g. Use an attachment to report more than six (6). The at be added to the index when filing your Florida Departs	nachment will be image ment of State Annual R	ed for reporting purposes only. Non-indexed eport form,	
☐Other	Treasurer []Other [] Use an attachment to report more than six (6). The at	☐ Secretary ☐ Other	Treasurer Tother ed for reporting purposes only. Non-indevelopm form. hat the facts stated herein are true and that	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SLASH EUREKA, 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-FIRST DAY OF MAY, A.D. 2021.

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

Authentication: 203264539

Date: 05-21-21