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REQUEST ORIGINAL FILING DATE OF 5-21-2021

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SHUTTS & HOWEN, LLP
Account Number : 076447000313
Phone : (305) 358-9166
Fax Number : (305) 347-7766

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Email Address: ASmith@shutts.com

FOREIGN PROFIT/NONPROFIT CORPORATION
MUNIDEX, INC.

Certificate of Status	1
Certified Copy	1
Page Count	03
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**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.*

MUNIDEX, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. STATE OF NEW JERSEY 3. 22-2908541
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 8, 1988 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. ONE GATEWAY CENTER, SUITE 2600, NEWARK, NJ - 07102
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

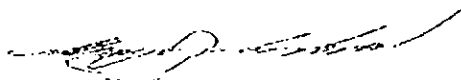
Name: CORPORATION COMPANY OF MIAMI

Office Address: 200 S. Biscayne Blvd., Suite 4100 (AGS)

Miami, Florida 33131
(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.



(Registered agent's signature) Gary J. Cohen, Vice President

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.

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

A. DIRECTORS

☐ Chairman Name: VINCENT BUONO
☐ Vice Chairman Address: 336 RIDGE ROAD
WATCHUNG, NJ 07069
☐ Director _____
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: MEENAKSHI VEERAPPAN
☐ Vice Chairman Address: 401 JOHNSTON DRIVE
WATCHUNG, NJ 07069
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CFO/CTO ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: RAMU VEERAPPAN
☐ Vice Chairman Address: 401 JOHNSTON DRIVE
WATCHUNG, NJ 07069
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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. Meenakshi Veerappan

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.

13. MEENAKSHI VEERAPPAN CFO

(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

MUNIDEX, INC.
0100379518

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on June 08, 1988.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

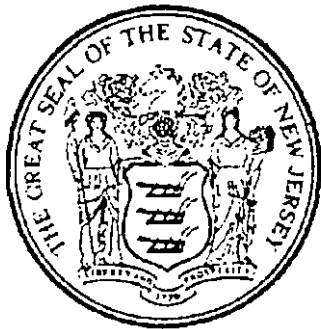
VINCENT BUONO
336 RIDGE ROAD
WATCHUNG, NJ 07069

I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

ALTERNATE NAME FILING	06/04/1991
CHANGE OF REGISTERED OFFICE	05/17/1999
REMOVE REVOCATION DONE IN ERROR	03/15/2006
REVOKED FOR FAILURE TO PAY ANNUAL REPORTS	01/16/2007
CHANGE OF AGENT AND OFFICE	04/27/2007
REINSTATEMENT PROCESS PENDING	04/27/2007
REINSTATED (ANNUAL REPORTS)	06/19/2007
Annual Report filing with officer/member change	05/04/2020
Annual Report Filing with address change	03/16/2021
Annual Report filing with officer/member change	03/16/2021

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

MUNIDEX, INC.
0100379518



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
21st day of May, 2021*

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6119289333

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp