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VALIMATION, INC.

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AUTHORIZATION: ABBIE/PAUL HODGE

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.

(State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 49 Blue Sky Dr., Saint Johns, FL 32259 (Principal office street address) (Current mailing address, if different) Name: Name: Nagesh Nama 49 Blue Sky Dr. Saint Johns Agesh Nama (City) Florida 12259 (City) (FEI number, if applicable) (Date of duration, if other than perpetual)	Pennsylvania 3. (State or country under the law of which it is incorporated) (FEI number, if applicable) (06/27/1996 5. (Date of incorporation) 5. (Date of duration, if other than perpetual)				
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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.

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

A. DIRECTORS				
□Chairman	Nagesh Nama Name:	□Chairman	Name:	
□Vice Chairman	Address: 49 Blue Sky Dr.	□Vice Chairman	Address:	
Director	Saint Johns, FL 32259	□Director		
President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other		□Other		□Other
Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		<u></u>
□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
individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6).	ment of State Annual Rep	I for reporting port form.	ourposes only. Non-indexed
she is aware that fa s.817.155, F.S.	tor signing this document (and who is listed in numblise information submitted in a document to the Depa Nagesh Nama,	per 11 above) affirms the	at the facts state les a third degre	ed herein are true and that he or re felony as provided for in
13				

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

07/09/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

VALIMATION, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

OF THE COLUMN TO THE COLUMN TO

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC210709080191-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify