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COVER LETTER

	ation Section n of Corporation	ons			
SUBJECT:	ndustrialML, In	: .			
ooboner		Name of corporat	ion - mus	st include suffix	
Dear Sir or Ma	dam:				
"Certificate of l	Existence," or '	Foreign Corporation : Certificate of Good Soration to transact bus	tanding"	and check are sub-	et Business in Florida." mitted to register the
Please return al	l corresponden	ce concerning this ma	tter to the	e following:	
Arjun Chandar					
		Name	of Persor	n	
IndustrialML, In	c.				
		Firm/C	ompany		
13155 Biscayne	Bay Drive				
		Ac	ldress		
North Miami, Fl	orida 33181				
		City/Stat	e and Zip	code	
arjun.chandar@i					
	E-n	nail address: (to be use	ed for fut	ure annual report n	otification)
For further info	rmation concer	ning this matter, pleas	se call:		
Arjun Chandar at (305 Name of Person Area Code		7-3781			
Name	of Person	Area (ode	Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	
Enclosed is a cl Please make chec ☐ \$70.00 Filin	k payable to: FI g Fee 💢 🕏	owing amount: ORIDA DEPARTME 78.75 Filing Fee & Certificate of Status	□ \$78.	TATE 75 Filing Fee & lified 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.

(If name unavaila	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting busine	ess in Florida)	
Delaware		3. 83-2652394		
(State or countr	y under the law of which it is incorporated)	3(FE1 number, it applicable)	
November 16, 2	018	(Date of duration, if other than per		
(Date of incorporation) 5.		(Date of duration, if other than per	petual)	
13155 Biscayne I	Bay Drive, North Miami, FL 33181	1502, F.S., to determine penalty liability) ffice street address)		
Name and stree	(Current mail taddress of Florida registered agent: (P Arjun Chandar	ling address, if different) O. Box NOT acceptable)	200 mm 100 mm 10	
Name:			, ,	
Office Address:	13155 Biscayne Bay Drive		OF STATE	
rice riddress.	North Miami	, Florida 33181	24 24	
nee radiess.	(City)	(Zip code)		
The Madres.	(0.0)			

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	Name:	□Chairman	Name: 25 Alden Street Address: South Harwich, MA 02661	
□Vice Chairman	Address:	□Vice Chairman		
Director	North Miami, FL 33181	Director		
President		□President		
□Vice President		□ Vice President		
Secretary	■ Treasurer	□ Secretary	□Treasurer	
Other	Other	□Other	Other	
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman	Name:	
■Director	#08-88 Reflections @ Keppel Bay	□Director		
□President	Singapore 098417	□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary	☐Treasurer : 2021	
Other		□Other	□Other E	
	Name:		Name: Pro R	
□Vice President		□Vice President		
□ Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	Other	□Other	Other	
Important Notice: individuals may be	Use an attachment to report more than six (6). The attached to the index when filing your Florida Departr	ment of State Annual Re	port form.	
12	Orjen Chandae			
	Signature of Director ctor signing this document (and who is listed in number of significant contents).	ber 11 above) affirms the	at the facts stated herein are true and that he or	

13. Arjun Chandar, CEO

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



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

DELAWARE, DO HEREBY CERTIFY THAT "INDUSTRIALML, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE SIXTEENTH DAY OF NOVEMBER, A.D. 2018, AT 4:07 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TENTH DAY OF DECEMBER, A.D. 2019, AT 11:40 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "INDUSTRIALML, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INDUSTRIALML,
INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF NOVEMBER, A.D.
2018.

Authentication: 203542678

Date: 06-25-21





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



Authentication: 203542678

Date: 06-25-21