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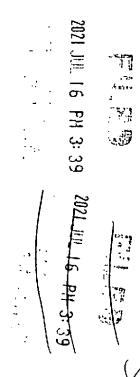
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: ChaTeck				
SUBJECT:	Name of corporati	on - must include suffix		
Dear Sir or Madam:				
The enclosed "Application "Certificate of Existence," above referenced foreign c	or "Certificate of Good St	anding" and check are sub		
Please return all correspon	dence concerning this mat	ter to the following:		
Sathyaprabha Sriniv	/asan			
	Name (of Person		
ChaTeck Inc			27 3	
	Firm/Co	ompany		
6315 Knob Tree Dr			5	
	Ad	dress		
Lithia, FI 33547			ب ب	
	City/State	e and Zip code	; 39	
jay@chateck.com				
	E-mail address: (to be use	d for future annual report	notification)	
For further information co	ncerning this matter, please	e call:		
Jay Perumal	425at (246-0998		
Name of Person	Area Co	ode Daytime Telep	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the Please make check payable to S70.00 Filing Fee		NT OF STATE ☐ \$78.75 Filing Fee & Certified 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 unavail	able in Florida, enter alternate corporate name		g business in Florida)	
Deleware	3.	3. (FEI number, if applicable)		
	ry under the law of which it is incorporated)	(FEI number, if ap		
(Date	(Date of incorporation) 5. (Date of duration, if other than perpetual)			
August 11 2021		<u></u>		
	•	n Florida, if prior to registration) 502, F.S., to determine penalty liabili	ty)	
22722 29th St SE	Suite 100, Bothell, WA -98021	·		
	(Principal off	ice street address)		
			23	
	(Current maili	ng address, if different)	- 21 - 21 - 3	
			JUL 16	
NI	A a Llance of Planida analytical description (D.	O. Doy. MOT againtable)		
. Name and stre	et address of Florida registered agent: (P.C	O. Box NOT acceptable)	5	
. Name and <u>stre</u> Name:	et address of Florida registered agent: (P.C Sathyaprabha Srinivasan	O. Box NOT acceptable)	16 PH	
Name:	-	O. Box <u>NOT</u> acceptable)	16 PH 3:	
	Sathyaprabha Srinivasan	O. Box NOT acceptable) , Florida 33547	1 JUL 16 PH 3: 40	
Name:	Sathyaprabha Srinivasan 6315 Knob Tree Dr	33547	16 PH 3: 40	
Name: Office Address:	Sathyaprabha Srinivasan 6315 Knob Tree Dr Lithia (City)	, Florida	16 PH 3: 40	
Name: office Address: Registered aglaving been name	Sathyaprabha Srinivasan 6315 Knob Tree Dr Lithia (City) ent's acceptance: ned as registered agent and to accept serv	, Florida 33547 (Zip code)	d corporation at the p	
Name: office Address: Registered aglaving been namesignated in this	Sathyaprabha Srinivasan 6315 Knob Tree Dr Lithia (City) ent's acceptance:	, Florida 33547 (Zip code) ice of process for the above stated ment as registered agent and agre	d corporation at the pee to act in this capac	

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.

A. DIRECTORS	•					
x Chairman	Name: Sathyaprabha Srinivasan	□ Chairman	Name:			
□Vice Chairman	Address: 6315 Knob Tree Dr. Lithia, FL-33547	□Vice Chairman	Address: 6315 Knob Tree Dr., lithia, FL-33547			
□Director		x Director				
□President		■ President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	Other	Other	Other			
□Chairman	Name:	□Chairman	Name:			
□ Vice Chairman	Address:	□Vice Chaiπnan	Address:			
Director		□Director				
□President		□President	2021			
□Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary	OTreasurer			
□Other	□Other	Other	Other <u>ယ</u> မြှန်မိ			
			t o			
□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.						
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.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CHATECK INC." IS DULY INCORPORATED

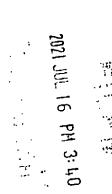
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SEVENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHATECK INC."

WAS INCORPORATED ON THE NINETEENTH DAY OF JUNE, A.D. 2000.





Authentication: 203621440

Date: 07-07-21

3245414 8300 SR# 20212645954

You may verify this certificate online at corp.delaware.gov/authver.shtml