## 21000005002

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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AUG 31 2021 M. SOLOMON

## **COVER LETTER**

_	tration Section ion of Corporations			
SUBJECT:	CGM Connect INC.			
ooboec	Name	e of corporation	- must include suffix	
Dear Sir or M	adam:			
Certificate of	"Application by Foreign ( f Existence," or "Certifica ced foreign corporation to	te of Good Stand	ling" and check are subm	•
Please return a	all correspondence concer	ning this matter	to the following:	
Shital Patel				
		Name of F	erson	
CGM Connect	INC,			
		Firm/Comp	pany	
142 Remo Plac	ce			
		Addre	SS	
Palm Beach Ga	ardens, FL 33418			
		City/State an	d Zip code	
Sanjay@arora.				
	E-mail addre	ss: (to be used fo	or future annual report not	ification)
For further inf	formation concerning this	matter, please ca	ıll:	
Shital Patel		561 at (	313-1100	
Name	e of Person	Area Code	Daytime Telepho	ne Number
Regist Divisi The C 2415 I	EET/COURIER ADDRE tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 nassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following an eck payable to: FLORIDA I ng Fee	DEPARTMENT of the state of the	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.

	corporation; must include "INCORPORATED," " corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida)	_
Delaware	3. 86	86-2561831	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
March 8, 2021	5		
(Date	(Date of incorporation) (Date of duration, if other that		-
August 18, 202	1		
142 Remo Place.	(SEE SECTIONS 607.1501 & 607.1502 Palm Beach Gardens, FL 33418	, F.S., to determine penalty liability)	
142 Remo Place,	(SEE SECTIONS 607.1501 & 607.1502 Palm Beach Gardens, FL 33418  (Principal office)		-
142 Remo Place,	Palm Beach Gardens, FL 33418  (Principal office		- ^2
	Palm Beach Gardens, FL 33418  (Principal office	street address)  ddress, if different)	2021 AUS 27
Name and stree	Palm Beach Gardens, FL 33418  (Principal office  (Current mailing a	street address)  ddress, if different)	2021 AUS 27 PH
Name and stre	Palm Beach Gardens, FL 33418  (Principal office  (Current mailing a set address of Florida registered agent: (P.O. E Finance & Technology Consultants INC	street address)  ddress, if different)	•

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.

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					
□Chairman	Shital Patel Name:	□Chairman	Name: Rohan Patel  142 Remo Place,  Address:		
□Vice Chairman	Address: 142 Remo Place,	□Vice Chairman			
□Director	Palm Beach Gardens, FL 33418	□Director	Palm Beac	Palm Beach Gardens, FL 33418	
■ President		□President			
□ Vice President		■Vice President			
☐ Secretary	□Treasurer	Secretary		□Treasurer	
□Other	Other	Other		□Other	
□ Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address		
□Director	<u></u>	□Director			
□President		□President			
□ Vice President		□Vice President	·		
Secretary	□Treasurer	□Secretary		□Treasurer	
□Other		□Other	<del></del>	□Other 2	
				16	
□ Chairman	Name:	□ Chairman	Name:	'les	
□ Vice Chairman	Address:	□Vice Chairman	Address: _		
□Director	<del></del> .	□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 atta- added to the index when filing your Florida Departme	ent of State Annual Re	port form.	ng purposes only. Non-indexed	
	etor signing this document (and who is listed in number lise information submitted in a document to the Depart				
13. Shital Patel,	President				



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

DELAWARE, DO HEREBY CERTIFY "CGM CONNECT 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 EIGHTEENTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CGM CONNECT INC." WAS INCORPORATED ON THE EIGHTH DAY OF MARCH, A.D. 2021.

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

Authentication: 203953888

Date: 08-18-21