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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION

Cylitic Management Company

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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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.

Cylitic Manager I.			
(Enter name of co	orporation; must include "INCORPORATED," orp.," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
		dopted for the purpose of transacting business in 84-5191632	
03.00.000		(FEI number, if applicable)	
(Date	of incorporation)	(Date of duration, if other than perpetu	al)
6			
	(Date first transacted business in (SEE SECTIONS 607,1501 & 607,15	Florida, if prior to registration) (02, F.S., to determine penalty liability)	
1221 brickell aver 7.	nue, suite 900, miami, 33131 (Princip		F?
	(Princip	al office address)	DISTP 20 PHIZ: 12
	(Current mailin	g address, if different)	20
8. Name and street	et address of Florida registered agent: (P.C). Box NOT acceptable)	語音の
Name:	C T Corporation System	(100 100 100 100 100 100 100 100 100 100
Office Address:	1200 South Pine Island Road		M
Office Fied (CO)	Plantation,	, Florida	
	(City)	(Zip code)	
designated in this further agree to c	ted as registered agent and to accept servi application, I hereby accept the appoints omply with the provisions of all statutes r familiar with and accept the obligations of CT Corporation Syste	By Kaity Toon, Asst. Secretary	ethis capacity. T
<u></u>		ngent's signature)	

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.

From: Kimberly Laughrey

								•		
);	+	1	85	06	1	7	6	3	8	:

11. Names and business addresses of officers and/or directors:

A. DIRECT	N/15/F 1.1
Chairman	1221 brickell av Suite 900
Address:	Miami, 33131 . FL
Vice Chairma	1:
Address.	
Director	
Address:	
B. OFFICE	RS
	Mohit Kaushal
Address:	1221 brickell av Suite 900
Address.	Miami , FL, 33131
Vice Presiden	
Secretary:	
•	
	ecessary, you may attach an addendum to the application listing additional officers and/or directors.
	Mohit Kaushal
The officer of are true and	redirector signing this document (and who is listed in number 11 above) affirms that the facts stated herein that he or she is aware that false information submitted in a document to the Department of State constitutes the felony as provided for in s.817.155, F.S.
	(Typed or printed name and capacity of person signing application)

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

DELAWARE, DO HEREBY CERTIFY "CYLITIC MANAGEMENT COMPANY" 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 SEVENTEENTH DAY OF SEPTEMBER, A.D.

2021.

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

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

Authentication: 204191227

Date: 09-17-21