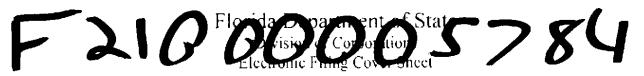
Page: 3 of 6

10/11/21, 11,45 AM

Division of Corporations



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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

Orthogonal Thinker, Inc.

	والمتعادية
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

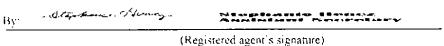
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Orthogonal Thinker, Inc.

	orporation, must include "INCORPORATED," "	COMPANY." "CORPORATION,	v.
"Inc.," "Co.,;" "C	orp," "Inc," "Co," or "Corp.")		
(If name unavaila	ible in Florida, enter alternate corporate name ad-	upted for the purpose of transacting	business in Florida)
Delaware	3.		_
(State or country under the law of which it is incorporated)		(FEI number, it applicable)	
12/20/2016	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in F	lorida, if prior to registration)	· ···
		2, F.S., to determine penalty liability	y ⁻)
20533 Biscayne I	Blvd., Suite 4-616, Aventura, Fl. 33180		
	(Principal	office address)	
	(Current mailing	address, if different)	
3. Name and street	et address of Florida registered agent: (P.O. CT Corporation System	Box <u>NOT</u> acceptable)	2021 OCT 1 1 SECRETAIN TALLAHA
Name:		<u></u>	CT CT
Office Address:	1200 South Pine Island Road		CETANTI LAHASI
Trice Address.	Plantation,	— 33324 , Florida	SE A
	(City)	(Zip code)	8: 25 5 [A]E E, FL

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I 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.

CT Corporation System



^{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.

To: =18506176383 · Page: 5 of 6 2021-10-11 09:47:37 CST 12122023573 From: Kimberly Laughrey

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

A. DIRECTORS
David Nikzad Chairman
20533 Biscayne Blvd , Suite 4-616, Aventura, FL 33180 Address:
Vice Chairman
Address.
Jason Hobson Director:
20533 Biscavne Blyd., Suite 4-616, Aventura, FL 33180
Address.
Director:
Address:
71001 Coo.
B. OFFICERS
David Nikzad President.
20533 Biscayne Blyd., Suite 4-616, Aventura, FL 33180
Address:
Vice President;
Address
Secretary
Address:
Treasurer:
Address:
NOTE of frequenciary, you may attach an addendum to the application listing additional officers and/or directors.
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.
David Nikzad, President

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

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12122023573

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

DELAWARE, DO HEREBY CERTIFY "ORTHOGONAL THINKER, 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 ELEVENTH DAY OF OCTOBER, 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: 204373181

Date: 10-11-21