Division of Corporations



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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

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FOREIGN PROFIT/NONPROFIT CORPORATION

Xenia Platform Inc.

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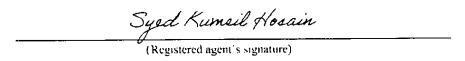
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

	orporation; must include "INCORPORATED." ' orp." "Inc." "Co." or "Corp.")	COMPANY, CORPORATION,		
_				
(If name unavaila	ible in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)		
Delaware	3. ^{S.}	86-3409997		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
April 14, 2021	5.	<u> </u>		
April 14, 2021 5. (Date of incorporation) (Date of duration, if other than perpe		(Date of duration, if other than perpetual)		
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in F	lorida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607.1502			
100 NW 26th St,	Miami, FL 33127			
	(Principal office	street address)		
	(Current mailing	nddress, if different)		
	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name and <u>stree</u>				
	S. Kumeil Hosain			
Name and <u>stree</u> Name:				
Name:	S. Kumeil Hosain 400 NW 26th St. Miami, FL 33127			

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.



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.

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Director Boston, Massachusetts 02215 Director Boston, Massachusetts 02215 Director Director Director Director Dother Dother Director Director Director Director Director Director Director Director Director Dother Dother Director Director Director Director Director Director Director Director Dire	■ Chairman	S. Kumeil Hosain	□Chairman	Richard Zajeski			
Boston, Massachusetts 02215 TPresident	□Vice Chairman	1040 Biscayne Boulevard, Unit 15 Address:	□Vice Chairman	Address:	1350 Boylston Street, Apt. 1612		
TVice President Treasurer Treasurer DOther DOTH	= ■Director	Miami, Florida 33132	■Director				_
Dither	■President		TiPresident		<u> </u>	.=	_
Other	□ Vice President		□Vice President	-			
Director	☐ Secretary	[]Treasurer	□Secretary		□Treasurer		
Director	□Other		□Other		□Other	<u> </u>	
Director	∐Chairman	Name:	∐Chairman	Name:			_
□ President □ Secretary □ Treasurer □ Other □ Other □ OTHER □ Universal Chairman Name: □ Other □ OTHER □ Universal Chairman Address: □ Other □ OTHER □ Universal Chairman Address: □ Other □ OTHER □ Universal Chairman Address: □ Other □ Ot	Tivice Chairman	Address:	□Vice Chairman	Address:			_
Director	□Director		□Director				_
Dother	□President		□President				_
DOther DOther Color Co	□Vice President		Il Vice President	_			_
Director	Secretary	□Treasurer	□Secretary		□Treasurer	72	
Director	□Other	□ (Ather	20ther		DOther	<u> </u>	- .
Director						C.I. 5	
Director	⊒Chairman	Name:	□Chairman	Name:	·		_
Director DiPresident Notice President Disceretary Differsurer Other Dother (6). The attachment will be imaged for reporting purposes only. Non-indexed	□Vice Chairman	Address:	□ Vice Chairman	Address:			_ ; <u>.</u>
☐ Divice President ☐ Secretary ☐ Treasurer ☐ Other ☐ ☐ Other ☐ Other ☐ ☐ Other ☐ ☐ Other ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			□Director			 :Л	_
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Z1President		DPresident				_
☐Other ☐	TiVice President		□Vice President				
(6). The attachment will be imaged for reporting purposes only. Non-indexed	□Secretary	□Treasurer	□Secretary		DTreasurer		
(6). The attachment will be imaged for reporting purposes only. Non-indexed	□Other	□()ther	□Other		□()ther		_
da Department of State Annual Report form.	□ Vice President □ Secretary □ Other Important Notice: individuals may be	□Treasurer □Other	□President □Vice President □Secretary □Other ttachment will be image ment of State Annual Re-	d for repor	□Treasurer □Other ting purposes only. Non	-indo	exed

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.

Syed Kumeil Hosain

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "XENIA PLATFORM 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 NINETEENTH DAY OF OCTOBER, A.D.

2021.

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

2021 OCT 21 PH 3: 55

5840963 8300 SR# 20213551315

Date: 10-19-21

Authentication: 204449892

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