FA1000006224

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

Office Use Only



900375388179

PIVIS.
TALLAHASSED FLORIDA

RECEIVED



S. HAWKES

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195

REFERENCE : 167081 8129941

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : October 25, 2021

ORDER TIME : 1:59 PM

ORDER NO. : 167081-010

CUSTOMER NO: 8129941

FOREIGN FILINGS

NAME: O'CURRANCE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 615974

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: O'Currance, Inc.			
30 Bo		of corporation -	must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Co icate of Existence," or "Certificate referenced foreign corporation to tr	of Good Standi	ng" and check are sub	
Please	return all correspondence concernie	ng this matter to	the following:	
Patti H	imebaugh			
		Name of Pe	rson	
O'Curra	ance, Inc.			
		Firm/Compa	ny	
4877 H	ligbee Ave, NW. 2nd Floor			
		Address		
Canton	. OII 44718			
		City/State and	Zip code	
phimeb	augh@ameridial.com; jscarry@amerid	lial.com		
	E-mail address:	(to be used for	future annual report r	notification)
For fur	ther information concerning this ma	atter, please call	:	
Patti Hi	Name of Person at (234 Area Code) Daytime Telephone Number			
	Name of Person	Area Code	Daytime Telep	hone Number
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	5:	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee. F	ection orporations 7
Please n	ed is a check for the following amornake check payable to: FLORIDA DE .00 Filing Fee	PARTMENT O	F 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.

(Enter name of c	orporation; must include "INCORPORATED." "	COMPANY." "CORPORATION	<u> </u>
	orp," "Inc," "Co," or "Corp.")		•
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting	ng business in Florida)
Utah	3 85	7-0524420	
	y under the law of which it is incorporated)	(FEI number, if ap	oplicable)
05/09/1994	5.		
(Date	of incorporation) 5	(Date of duration, if other	than perpetual)
)			
	(Date first transacted business in F. (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) E.S. to determine penalty liability	ity)
	1023030.101.000.1001.000	, 1 .5., to determine penalty habit	uy /
4877 Highee Ave	NW, 2nd Floor, Canton, OH 44718		
. 4877 Higbee Ave	e, NW, 2nd Floor, Canton, OH 44718 (Principal office	street address)	
, 4877 Higbee Ave	e, NW, 2nd Floor, Canton, OH 44718 (Principal office	street address)	
7. 4877 Higbee Ave	(Principal office	street address) ddress, if different)	
7. <u>4877 Higbee Ave</u>	(Principal office		20
	(Principal office	ddress, if different)	2021 O
	(Principal office) (Current mailing a	ddress, if different)	2021 OCT 6
3. Name and street Name:	(Principal office (Current mailing a et address of Florida registered agent: (P.O. I	ddress, if different)	27
3. Name and stree	(Principal office (Current mailing a set address of Florida registered agent: (P.O. Electroporation Service Company)	ddress, if different) Box NOT acceptable)	27
3. Name and street Name:	(Principal office (Current mailing a set address of Florida registered agent: (P.O. Electroporation Service Company)	ddress, if different)	2021 OCT 27 AH 9: 53

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.

By: Assistant Vice Procedent (Registered agent'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.

A. DIRECTORS Pankaj Dhanuka Kishore Saraogi □ Chairman □ Chairman Name: 4877 Higbee Ave, NW, 2nd FL 4877 Higbee Ave. NW, 2nd Fl □ Vice Chairman Address: □ Vice Chairman Address: Canton, OH 44718 Canton, OH 44718 Director ■ Director □President □ President □ Vice President □ Vice President □ Secretary Treasurer ■ Secretary □ Treasurer □Other _____ □Other _____ □Other ____ □Other _____ □ Chairman Name: ____ □Chairman □Vice Chairman Address; ☐ Vice Chairman Address: □Director □ Director □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 ☐Director □ President President □Vice President __ □ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □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. 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. Pankaj Dhanuka, Director



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438 Web Site: http://www.commerce.utah.gov

10/27/2021

CERTIFICATE OF EXISTENCE

Registration Number:

1161474-0142

Business Name:

O'CURRANCE, INC.

Registered Date:

May 09, 1994

Entity Type:

Corporation - Domestic - Profit

Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



L'Weillette

Leigh Veillette Director Division of Corporations and Commercial Code