F220000001940

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





800382917148

03/08/22--01026--013 **78.75

EURE LART OF STATE

FILED

2022 MAR -8 PM 1:53

COVER LETTER

TO:		tration Section ion of Corporat	ions			
SHBII	ECT.	PROPSHOP, IS	кС.			
5000	LC I.		Name of corporatio	n - must ii	iclude suffix	
Dear S	ir or M	adam:				
"Certif	icate o	f Existence," or	y Foreign Corporation for "Certificate of Good Sta poration to transact busin	nding'' and	deheck are sub	et Business in Florida," mitted to register the
Please	return	all corresponde	nce concerning this matte	er to the fo	llowing:	
ANGEI	LINE T	AN				
			Name of	f Person		
SAGEN	AM T	NAGEMENT				
			Firm/Co	mpany	-	
691 S N	MLPIT	AS BLVD, SUĽ	TE 212			
			Add	ress		
MILPI	TAS, C	A 95035				
		·	City/State	and Zip co	ode	
SAGE	STOPE	RATIONS@SA	GENTMANAGEMENT.CC	DМ		
		E	-mail address; (to be used	for future	annual report i	notification)
For fu	rther in	iformation conc	eerning this matter, please	call:		
ANGE	LINET	AN	at (⁴⁰⁸	263-1	040 Daytime Telep	
	Nan	ne of Person	Area Co	ode –	Daytime Telep	hone Number
	Regi Divi: The 0 2415	EET/COURIF stration Section sion of Corpora Centre of Tallal N. Monroe Str thassee, FL 32	tions tassee cet, Suite 810		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7
Please	make c	heck payable to:	following amount: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status	\$78.75	TE Filing Fee & ed Copy	☐ \$87.50 Filing Fee. Certificate of Status of 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.

"lne.," "Co.," "C	orporation; must include "INCORPORATED," " orp," "lue," "Co," or "Corp.")			
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting bu	siness in Florida)	-
DELAWARE	3. 82	-0697090	_	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applica	able)	
02/27/2017	of incorporation) 5.			-
	of incorporation)	(Date of duration, if other than	perpetual)	
01/31/2022		· · · · · · · · · · · · · · · · · · ·		_
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502			
, 382 NE 191ST S	FREET, PMB 16764, MIAMI, FL 33179-3899		202 SE	
	(Principal office	street address)	2022 HAR -8 PH SECRETARY OF STALL AHASSES, FI	
			A STATE OF THE STA	
-	(Current mailing :	nddress, if different)	.338 0	
	and the control of th	One MAT and make he	PR II	$\overline{\mathbf{D}}$
s. Nume and <u>stre</u> c	et address of Florida registered agent: (P.O.)	30x NOT acceptable)	: 53	
	INCODEOD ATING SED VICES LITD			
Name:	INCORPORATING SERVICES, LTD.	_	. · · · · · · · · · · · · · · · · · · ·	
	INCORPORATING SERVICES, LTD. 1540 GLENWAY DR	_	. ΄	
	1540 GLENWAY DR	— — Florida ³²³⁰¹	γ ω	
Name: Office Address:	1540 GLENWAY DR	Florida 32301(Zip code)	γ	
Office Address:	TALLAHASSEE (City)	Florida 32301(Zip code)	Α	
Office Address: Office Address: Office Address: Office Address:	TALLAHASSEE (City) ent's acceptance: iced as registered agent and to accept service	(Zip code) of process for the above stated co	rpogation at the	Jul ice
Office Address: Office Address: Office Address: Office Address:	TALLAHASSEE (City) ent's acceptance: iced as registered agent and to accept service	(Zip code) of process for the above stated co	rpogation at the	place icity.
Office Address; Office Address;	TALLAHASSEE (City) ent's acceptance:	(Zip code) of process for the above stated co nt as registered agent and agree to ative to the proper and complete p	rpogation at the	place ucity. ty dut
Office Address; Office Address;	TALLAHASSEE (City) ent's acceptance: ned as registered agent and to accept service is application, I hereby accept the appointme comply with the provisions of all statutes rela	(Zip code) of process for the above stated co nt as registered agent and agree to ative to the proper and complete p	rpogation at the	place icity. iy dut
Office Address; Office Address;	TALLAHASSEE (City) ent's acceptance: ned as registered agent and to accept service is application, I hereby accept the appointme comply with the provisions of all statutes rela	(Zip code) of process for the above stated co nt as registered agent and agree to ative to the proper and complete p	rpogation at the	place ucity, ty dut

under the law of which it is incorporated.

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

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	•			
Chairman Name: BHASKAR RAVI		□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address: 382 NE 191ST STREET, PMB 16764	
Director	MIAMI, FL 33179-3899	Director	MIAMI, FL 33179-3899	
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	■ Secretary	□Treasurer	
©Other	□Other	□Other	Other	
□Chairman	LEE SMITH	□Chairman	Name:	
	382 NE 191ST STREET, PMB 16764 Address:	□ Vice Chairman		
₱ Director	MIAMI. FL 33179-3899	□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	Other	□Other	□Other	
□Chairman	Name:	□ Chairman	Name:	
	Address:		Address:	
Director		Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	☐Treasurer	□Secretary	□ Treasurer	
□Other	Other	□Other	□Other	
Important Notice: individuals may be	Use an attachment to report more than six (6). The ce added to the index when filing your Florida Depart	ittachment will be image iment of State Annual R	ed for reporting purposes only. Non-indexed eport form.	
12.	BL /2 Signature of Directo	2.		
· • · · <u> · · · · · · · · · · · · · · · </u>	Signature of Director	or or Officer		
The officer or dire she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in nun alse information submitted in a document to the Dep	partment of State constitu	hat the facts stated herein are true and that he or utes a third degree felony as provided for in	
1.2	BHASKAR	RAVI (CEO)		

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PROPSHOP, 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 TWENTY-SECOND DAY OF FEBRUARY, A.D. 2022.



Authentication: 202737335

Date: 02-22-22

6329847 8300