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(F	Requestor's Name)				
(<i>f</i>	Address)				
	Address)				
(0	Dity/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(E	Business Entity Name)	·			
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
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S. FRANKLIN APR 2 0 2022

COVER LETTER

TO:		stration Section ion of Corporations				
SUBJI	ECT:	iQi, Inc.				
			of corporation -	- must include suffix		
Dear Si	ir or M	adam:				
"Certifi	icate of	"Application by Foreign Co 'Existence," or "Certificate ced foreign corporation to tr	of Good Stand	ling" and check are sub		
Please i	return a	all correspondence concerni	ng this matter t	to the following:		
Gina Ki	lgore					
			Name of P	Person		
Liu, Bro	own & l	Firoozmand, P.C.			2027 APR - 8	
-			Firm/Comp	pany	3	
1410 M	acrae C	t			フン 1	
			Addres	SS		
Allen, T	exas 7:	5013			P.I. 7: 18	
			City/State an	id Zip code	- 16	
ram@iq	jiair.cor					
		E-mail address	: (to be used fo	or future annual report i	notification)	
For furt	ther int	ormation concerning this m	atter, please ca	ıll:		
Gina Ki	lgore		at (972) 525-0139 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			Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	nake ch	check for the following amoreck payable to: FLORIDA DIng Fee	EPARTMENT (g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy	

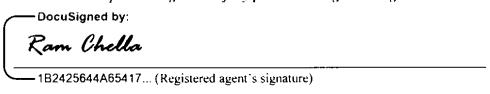
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

iQi, Inc.			
	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	I,"
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting	g business in Florida)
DELAWARE 2.	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 04/21/2020	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
).			
·	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) , F.S., to determine penalty liabilit	y)
, 190 Independ	ence Ln, Unit 270 Maitland, FL 32751		
•	(Principal office	street address)	- -
			2022
	(Current mailing a	iddress, if different)	ZAFR
			$\ddot{\approx}$
3. Name and stree	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	ά
. .	Ramaprasanna Chellamuthu (Ram Chella)		PH
Name:		_	
Office Address:	190 Independence Ln, Unit 270	_	7: 5 3
	Maitland, FL	, Florida ³²⁷⁵¹	
	(City)	(Zip code)	

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.

DocuSign Envelope ID: DE776F08-B887-42EA-9E3E-2FA32BFED510 A. DIRECTORS Ramaprasanna Chellamuthu ☐ Chairman Name: _____ □Chairman Name: 190 Independence Ln, Unit 270 ☐ Vice Chairman Address: □ Vice Chairman Address: Maitland, FL 32751 □Director ■ Director ■ President □ President □Vice President □ Vice President □Treasurer □ Secretary □ Treasurer □ Secretary □Other _____ □ Other _____ ☐ Other _____ □Other _____ Name: □ Chairman □Chairman Name: □Vice Chairman Address: ______ □Vice Chairman Address: □Director □ Director □President □President ☐ Vice President □Vice President _____ ☐ Treasurer □ Secretary ☐ Treas (RE) □ Secretary 哥 DOther <u>完</u> ☐Other _____ □Other _____ ☐ Other _____ တ □Chairman Name: _____ ☐ Chairman Name: Address: □Vice Chairman Address: _____ ☐ Vice Chairman □ Director □Director □ President □President □Vice President _____ ☐ Vice President □Treasurer ☐ Treasurer □ Secretary □ Secretary □Other _____ ☐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

1B2425644A65417... 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.

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "IQI, 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2022.

2022 APR -8 PH 1: 33



Authentication: 202653151

Date: 02-14-22