

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : HILL WARD HENDERSON
Account Number : 072100000520
Phone : (813)221-3900
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YOU PROCESSED THIS FORM BEFORE
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****Enter the email address for this business entity to be used for future
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FOREIGN PROFIT/NONPROFIT CORPORATION
Sypher, Inc.

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|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 03 |
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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.*

1. SYPHER, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 87-2298020

(FEI number, if applicable)

4. 07/08/2021

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3590 ENTERPRISES RD E, SAFETY HARBOR, FL 34695

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SUBHASHISH DUTTA

Office Address: 3590 ENTERPRISES RD E

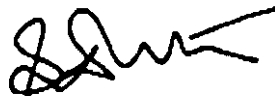
SAFETY HARBOR, _____, Florida 34695

(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.



(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.

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

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A. DIRECTORS

☐ Chairman Name: SUBHASHISH DUTTA
☐ Vice Chairman Address: 3590 ENTERPRISES RD E
☒ Director SAFETY HARBOR, FL 34695
☒ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: LAURA JOHNSON
☐ Vice Chairman Address: 3590 ENTERPRISES RD E
☒ Director SAFETY HARBOR, FL 34695
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Underwriting Officer ☐ Other _____

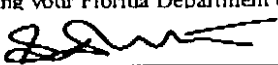
☐ Chairman Name: CRYSTAL MCINNIS
☐ Vice Chairman Address: 3590 ENTERPRISES RD E
☒ Director SAFETY HARBOR, FL 34695
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Revenue Officer ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

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.

13. SUBHASHISH DUTTA, PRESIDENT
(Typed or printed name and capacity of person signing application)

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SYMPHER, 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 FIRST DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYMPHER, INC."
WAS INCORPORATED ON THE EIGHTH DAY OF JULY, A.D. 2021.

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



6176155 8300

SR# 20222889361

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203821219

Date: 07-01-22