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COVER LETTER

	Registration Section Division of Corporations		
	Disconderfo Sustance of Com-		
SUBJE			
	Name of corporation - must include suffix		
Dear Sir	or Madam:		
"Certific	osed "Application by Foreign Corporation for Authorization to Transact Business in Flate of Existence," or "Certificate of Good Standing" and check are submitted to register ferenced foreign corporation to transact business in Florida.		
Please re	turn all correspondence concerning this matter to the following:		
Himansh	ı Aggarwal		
	Name of Person		
BinaryInf	oSystems Corp.		
	Firm/Company		_
13555 He	aney Ave	13.	公司
	Address		30Å
Orlando, 32827			
	City/State and Zip code	7100	6)
HAggarw	al@gmail.com		3
	E-mail address: (to be used for future annual report notification)	- 1	2:06
For furth	er information concerning this matter, please call:	. '	G
Himanshu	a Aggarwal at (650) 9544462		
	Name of Person Area Code Daytime Telephone Number		
F 1 7 2	TREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32303 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please ma	is a check for the following amount: ke check payable to: FLORIDA DEPARTMENT OF STATE D Filing Fee	of Statu	ıs &

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.

(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting bus	iness in Florida)	
Texas	3. 26-3011090			
(State or country	intry under the law of which it is incorporated) (FEI number, if applicable)		ole)	
6/24/2008	5.			
(Date	e of incorporation)	(Date of duration, it other than p	erpetual)	
	(Date first transacted business in F			
12555 Uannau A	(SEE SECTIONS 607.1501 & 607.1502	2, F.S., to determine penalty hability)		
15555 Heality A	ve, Orlando, FL 32827			
	(Principal office	street address)		
	(Current mailing a	address, if different)		
	(Current mailing a	address, if different)	20%	
Name and stre		·	SUV RUE	
	et address of Florida registered agent: (P.O. I	·	2029 AUG 26	
Name and stre	et address of Florida registered agent: (P.O. I Himanshu Aggarwal	·	26 377	į
Name:	et address of Florida registered agent: (P.O. I	·	26 PH SAY BES SAFE EN	į
Name:	et address of Florida registered agent: (P.O. Himanshu Aggarwal 13555 Heaney Ave	Box NOT acceptable)	26 76 20 387 97 8747 387 71 084	į
Name:	et address of Florida registered agent: (P.O. Himanshu Aggarwal 13555 Heaney Ave	Box <u>NOT</u> acceptable) —-	26 TH 28	!
Name: ffice Address:	Himanshu Aggarwal 13555 Heaney Ave Orlando (City)	Box <u>NOT</u> acceptable)	26 76 20 387 97 8747 387 71 084	!
Name: ffice Address: Registered ag	et address of Florida registered agent: (P.O. I Himanshu Aggarwal 13555 Heaney Ave Orlando (City)	Box NOT acceptable)	26 7f 2:06 SAFE FLORED SAFE FLORED	
Name: ffice Address: Registered agaving been name	et address of Florida registered agent: (P.O. I Himanshu Aggarwal 13555 Heaney Ave Orlando (City) ent's acceptance: seed as registered agent and to accept service	Box NOT acceptable)	SACT STATE STATE OF CONTROL OF CO	ıce
Name: ffice Address: Registered ag aving been namesignated in this	et address of Florida registered agent: (P.O. Elect address) Himanshu Aggarwal 13555 Heaney Ave Orlando (City) ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relations.	Box NOT acceptable) , Florida \frac{32827}{(Zip code)} of process for the above stated corput as registered agent and agree to ative to the proper and complete per	ooration at the placet in this capacity	ice y. 1
Name: office Address: Registered aglaving been namesignated in this	et address of Florida registered agent: (P.O. H. Himanshu Aggarwal 13555 Heaney Ave Orlando (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointment	Box NOT acceptable) , Florida \frac{32827}{(Zip code)} of process for the above stated corput as registered agent and agree to ative to the proper and complete per	ooration at the placet in this capacity	ice y. I
Name: ffice Address: Registered aglaving been namesignated in this	et address of Florida registered agent: (P.O. Elect address) Himanshu Aggarwal 13555 Heaney Ave Orlando (City) ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relations.	Box NOT acceptable) , Florida \frac{32827}{(Zip code)} of process for the above stated corput as registered agent and agree to ative to the proper and complete per	ooration at the placet in this capacity	ice y. 1

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

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

A. DIRECTORS	•		,	•	
Chairman	Name:	Chairman	Name: Himans	hu Aggarwal	
□Vice Chairman	Address:	□Vice Chairman	Address: 1355	5 Heaney Ave	
□Director	Orlando	Director	Orlando		
President	FL, 32827	□President	FL, 32827		
□Vice President		□Vice President			
Secretary	□Treasurer	Secretary		□Treasurer	
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	RE
□Other	□Other	□Other		□Other <u> </u>	¥ij€
				クショ ジュー(コマ	26
Chairman	Name:	□Chairman	Name:	2 mm	<u>당</u>
☐ Vice Chairman	Address:	□Vice Chairman		\$2.5°	<u>.,</u>
□Director		□Director	*****		
□President		President			
□Vice President		□Vice President			
□Secretary	□Treasurer	Secretary		□Treasurer	
□Other	Other	Other		□Other	
The officer or direc she is aware that fa s.817.155, F.S.	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department Signature of Director or signing this document (and who is listed in number lise information submitted in a document to the Department.)	of State Annual Re Officer H above) affirms th	port form.	I herein are true and t	hat he or
Himanshu A	ggarwal President				

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

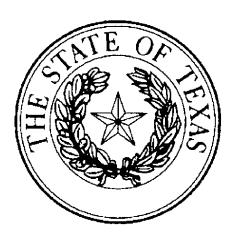
The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Binaryinfosystems Corp. (file number 800995300), a Domestic For-Profit Corporation, was filed in this office on June 24, 2008.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate HIMANSHU AGGARWAL as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

6011 ORINDA DRIVE 2041 DALLAS, TX - 75248 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 19, 2022.



Phone: (512) 463-5555

John B. Scott Secretary of State