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FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED QUALIFICATION FOR:

DATAQUAD INC

PLEASE RETURN A STAMPED COPY

CHECK# 9371 FOR: \$70.00

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT: Dataquad Inc.			
0.00		of corporation - mus	st include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Clicate of Existence," or "Certificate referenced foreign corporation to t	of Good Standing"	and check are subm	
Please	return all correspondence concern	ing this matter to the	e following:	
Sumant	th Sunik			
		Name of Perso	n	
Dataqu	ad Inc.			
		Firm/Company		
2000 S	Dairy Ashford Rd, Suite # 405			
		Address		
Housto	n, TX 77077			
		City/State and Zip	o code	
hr@dat	taqinc.com			
	E-mail addres	s: (to be used for fut	ure annual report no	ntification)
For fur	ther information concerning this r	natter, please call:		
Roopa	Thiagarajan	832 86	51-1004	
	Name of Person	at (832 / Area Code) 86	Daytime Teleph	one Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING AI Registration Se Division of Cor P.O. Box 6327 Tallahassee. FI	ction rporations
Please 1	ed is a check for the following ammake check payable to: FLORIDA D .00 Filing Fee	EPARTMENT OF Sing Fee &	TATE .75 Filing Fee & tified 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.

Illinois	le in Florida, enter alternate corporate name add	•		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
8/28/2011				
4. (Date o	(Date of incorporation) 5.		(Date of duration, if other than perpetual)	
6				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		lity)	
7 2000 S Dairy Ashf	ord Rd. Suite # 405, Houston, TX 77077			
	(Principal office	street address)		
	(Current mailing a	ddress. if different)		
			20	
8. Name and street	address of Florida registered agent: (P.O. I	Box NOT acceptable)	2022 SEP CACRET	
Name:	Naveen Adarapu	_	新聞 2	
Office Address:	2531 Blue Ridge Dr		25 9 F	
	Tallahassee	Florida 32311	AM IO: OF STA ECFLOR	
	(City)	(Zip code)	~ %	
9. Registered ager	it's acceptance:			
	d as registered agent and to accept service pplication, I hereby accept the appointmen			
further agree to col	ppictution, i nerely accept the appointment of all statutes relations of all statutes relations of my positions of my positions.	tive to the proper and compl		

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: _____ □Vice Chairman Address: ____ □ Vice Chairman Address: _____ Sumanth Sunkir □ Director ■ Director Ste. #405 President 2000 S. Dairy Ashford Rd. President Houston TX 77077 □Vice President □ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □Other □Other _____ □Other _____ Name: ______ □ 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: Name: □Chairman □ 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. 13. Sumanth Sunkir

(Typed or printed name and capacity of person signing application)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DATAQUAD INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 28, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of SEPTEMBER A.D. 2022.

Authentication #: 2225103504 verifiable until 09/08/2023

Authenticate at: https://www.ilsos.gov

Desse White

SECRETARY OF STATE