Faam0590

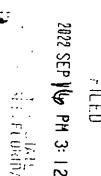
(Requestor's Name)					
(Address)					
(Address)					
(City/State	e/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business	s Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
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08/17/22--01020--011 **78.75



T. LEMIEUX SEP 2 0 2022

COVER LETTER

TO:		tion Section of Corpora	ions			
SUBJ	ECT: ac	cel bi corpor	ation			
90170			Name of corp	ooration -	must include suffix	
Dear S	ir or Mad	ım:				
"Certif	icate of E	xistence." o		od Standi	ng" and check are subi	et Business in Florida," mitted to register the
Please	return all	corresponde	nce concerning thi	s matter to	the following:	
Sanjay	Shirude					
-			N	ame of Pe	erson	
accel b	i corporati	on				
			Fi	rm/Comp	any	
2406 1	85th PL N	Ξ.				
				Addres	3	
Redmo	ond, WA 98	052				
			City	/State and	I Zip code	
PMO@	gaccelbi.co					
		E	mail address: (to b	e used for	future annual report n	otification)
For fu	ther infor	mation conc	erning this matter.	please cal	1:	
Sanjay	Shirude		21 (20)6	3722505	
	Name o	f Person	at (rea Code) 3722505 Daytime Telepl	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration So Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please		payable to:	ollowing amount: FLORIDA DEPAR \$78.75 Filing Fee Certificate of Stat	& 🗆	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



August 22, 2022

SANJAY SHIRUDE 2406 185 PL NE REDMOND, WA 98052

SUBJECT: ACCEL BI CORPORATION

Ref. Number: W22000108176

We have received your document for ACCEL BI CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist !!

Letter Number: 822A00018695

RECEIVED
SEP 1 6 2022

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.

accel bi corporal				
(Enter name of co "Inc" "Co" "Co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY." "CORPORATI	ON,"	
accel bi				
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transac	cting business in Florida)	
WASHINGTON				
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
9/1/2000	_			
(Date	of incorporation)	(Date of duration, if oth	er than perpetual)	
8/15/2022				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		bility)	
2406 185th PL N	E, Redmond WA 98052			
· · · · · · · · · · · · · · · · · · ·		e <u>street</u> address)		
	(Current mailing	address, if different)		
			19 21 21	
Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	22 \$	
Name:	Sanjay Shirude			
ffice Address:	4000 SW 37th BLVD UNIT 828A	_	2022 SEP (PM 3: 12	
	GAINESVILLE	Florida	9x 3:	
	(City)	(Zip code)		
Daniatoral or	outle necestaries		¥ 10	
	ent's acceptance: ed us registered agent and to accept servic	e of process for the above sta	nted corporation at the	
esignated in this	application, I hereby accept the appointm	ent as registered agent and a	gree to act in this capa	
urther agree to c	omply with the provisions of all statutes re	lative to the proper and comp	olete performance of m	
na i am Jamiliar	with and accept the obligations of my pos	nion as regisierea ageni.		
	/ Le / woude	Alimot.		
_	(Registered agent's sig	nature)		

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.

A. DIRECTORS						
☐Chairman	Name: Sanjay Shirude	□Chai r man	Name:			
	Address: 2406 185th PL NE, Redmond ,W/					
□Director		Director				
■ President	Sanjay Shirude	□President				
		□Vice President	•			
☐ Secretary	Treasurer	□ Secretary		□Treasurer		
•		-				
□Other	□Other	□Other		□Other		
□ Chairman	Name:	ÜChairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
		□Vice President				
		_		□Treasurer		
☐ Secretary	□Treasurer	Secretary				
□Other	□Other □	Other		□Other		
□Chairman	Name:	□Chairman	Name:			
	Address:					
	Addicss	□ Director	reduces.			
☐Director						
□President		□President				
□Vice President		□Vice President		 		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer		
□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						
The officer or dire she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the Depart	r 11 above) affirms the ment of State constitu	nat the facts stated utes a third degree	I herein are true and that he or e felony as provided for in		

Sanjay Shirude, President

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

TO THE OWNER.

The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

ACCEL BI CORPORATION

1 CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 09/20/2000.

1 FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 09/12/2022 UBI Number: 602 066 751



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

the R Hohlie

Steve R. Hobbs, Secretary of State

Date Issued: 09/12/2022