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COVER LETTER

TO:	Registratio Division of	n Section Corporations				
SURJ	ECT:	8 Holdings Inc.,				
., 0 170		Name (of corporation	- mı	ist include suffix	
Dear S	Sir or Madam	:				
"Certi	ficate of Exis	lication by Foreign Co tence," or "Certificate oreign corporation to tr	of Good Stan	ding'	and check are sub-	t Business in Florida," mitted to register the
Please	return all co	rrespondence concerni	ng this matter	to th	e following:	
			Ekramul H	ussai	п	
	_		Name of	Perso	on .	
			Firm/Com	рапу	.	
			707 Brookpa			
	.,		Addre			
			Cleveland, Of	1 441	09	
-			City/State ar	nd Zi	p code	
			m.hassan@sec		•	
		E-mail address	: (to be used f	or fu	ture annual report no	otification)
For fu	ther informa	tion concerning this m	atter, please c	all:		
	Ekramul l		561 at ()	814-4911	
	Name of P		Area Code	-/ -	Daytime Teleph	one Number
	Registration Division of The Centre 2415 N. Mc	COURIER ADDRESS 1 Section Corporations of Tallahassee onroe Street, Suite 810 , FL 32303			MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
lease r		for the following amo yable to: FLORIDA DE e S78.75 Filing Certificate o	PARTMENT g Fee &	\$78	TATE .75 Filing Fee & tified 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.

8 Holdings Inc.					
	poration; must include "INCORP p." "Inc." "Co," or "Corp.")	ORATED." "C	COMPANY," "CORPORATI	ON."	
(If name unavailab	ole in Florida, enter alternate corpo	orate name adop	oted for the purpose of transac	ting business in Florida)	
	Ohio	3.			
(State or country	under the law of which it is incorp	porated)	3(FEI number, if applicable)		
0	1/26/2021	5			
(Date of incorporation)		5	(Date of duration, if other than perpetual)		
		09/14/202	2		
6(Date first transacted business in Florida, if prior to registration)					
			F.S., to determine penalty liab	nility)	
,	707 Brookpa	ark Road, Cleve 	eland, OH 44109		
	(Pt	rincipal office <u>s</u>	treet address)		
		111	14 (C. ±100)		
	(Cu	rrent mailing ac	ldress, if different)	77.00	
Norman and atment	address of Florida registered a	ant (DA D	ov NOT accomtable))CT	
. Name and <u>street</u>	•	gent. (r.O. b	ox <u>NOT</u> acceptable)	. l	
Name:	Ekramul Hussain		_	. P	
Office Address:	1626 Shaker Circle				
	Wellington.			<u>ب</u> ا	
	(City)		Zip code)	•	
0 Pagistarad 2001					

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.

A. DIRECTORS				
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
Director	Wellington, Fl. 33414	□Director		
President		□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□ Other	□Other		Other
□Chairman	Afroza Islam	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
□Director	Darnestown, MD 20878	Director		
□President		□President		
□Vice President		□Vice President		
■ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	Other		Other
□Chairman	Name:	□Chairman	Nama	
	Address:			
Director		☐ Director		
□President		□President	-	
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
The officer or direct she is aware that fall s.817.155, F.S.	Jse an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director of Signature of Director of tor signing this document (and who is listed in number is information submitted in a document to the Department.)	nt of State Annual Re r Officer	port form.	herein are true and that he or
Ekrami	ul Hussain (President)			

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show 8 HOLDINGS. INC., an Ohio corporation, Charter No. 4605048, having its principal location in Brooklyn Heights, County of Cuyahoga, was incorporated on January 26, 2021 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 23rd day of September, A.D. 2022.

Ohio Secretary of State

Ford John

Validation Number: 202226601796