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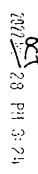
(Re	questor's Name)	
(Ade	dress)	
(Ad-	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ie)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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S. FRANKLIN NOV 17 2022

COVER LETTER

TO: Registration Section Division of Corpo					
SUBJECT: Balanced Te	ch Inc.				
<u></u>	Name of corporat	ion - must	include suffix		
Dear Sir or Madam:					
The enclosed "Application" "Certificate of Existence," above referenced foreign of	or "Certificate of Good S	tanding`` a	nd check are subr		
Please return all correspon	dence concerning this mat	tter to the f	ollowing:		
Marita Carnes					
	Name	of Person		- ·	
GUTWEIN LAW					[[]]
	Firm/C	ompany			18
300 N. Meridian Street, Suit	e 1650				725
	Ac	ldress			<u>سن</u>
Indianapolis, IN 46204					<i>ڊ</i> ءِ
	City/Stat	e and Zip o	:od e		<u>्</u> ??
crs@gutweinlaw.com		<u> </u>			
	E-mail address: (to be use	ed for futur	e annual report n	otification)	
For further information co	ncerning this matter, pleas	se call:			
Marita Cames	at (317	777-	777-7923 Daytime Telephone Number		
Name of Person	Area C	Code	Daytime Telepl	ione Number	_
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the Please make check payable t \$70.00 Filing Fee	e following amount: o: FLORIDA DEPARTME 378.75 Filing Fee & Certificate of Status	□ \$78.7	ATE 5 Filing Fee & Tied Copy	S87.50 Fil Certificate Certified (e of Status &

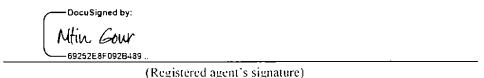
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Balanced Tech	Inc.			
	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp,")	COMPANY." "CORPORATION."		
(If name unavail	able in Florida, enter alternate corporate name add	pted for the purpose of transacting bus	siness in Florida)	
2. Delaware	3			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 10/7/2022	5.			
(Date	of incorporation) 5	(Date of duration, if other than perpetual)		
6. N/A				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) . F.S., to determine penalty liability)		
7. 411 S. Mciville A	eve., Apt. 2, Tampa, FL 33606	<u></u>		
	(Principal office	street address)	- •	
			() () () () () () () () () ()	
	(Current mailing a	ddress, if different)	10 0CT 28	
8. Name and stree	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	<u> </u>	
Name:	Nitin Gour	_	3	
Office Address:	411 S. Melville Ave., Apt. 2	_	ئن تن	
	Tampa	Florida		
	(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.



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]:

DocuSign Envelope ID: DD0411DD-4C3B-4329-97DE-747033F9E015

A. DIRECTORS Nitin Gour Chairman □ Chairman Name: Name: 411 S. Melville Ave., Apt. 2 □Vice Chairman ☐ Vice Chairman Address: Address: Tampa, FL 33606 ■ Director □ Director □ President President ☐ Vice President □ Vice President ☐Treasurer ■Treasurer □ Secretary ■ Secretary □Other _____ □Other _____ □Other _____ □Other _____ Name: _____ Name: _____ □ Chairman Chairman □ Vice Chairman □ Vice Chairman Address: Address: □ Director □Director □President □ President ☐ Vice President ___ □Vice President □Treasurer ☐Treasurer □ Secretary □ Secretary □Other _____ □Other _____ Name: _____ □ Chairman □ Chairman Name: _____ □ Vice Chairman □ Vice Chairman Address: _____ 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. Min Gour 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

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 of 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.



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BALANCED TECH 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 TENTH DAY OF OCTOBER, A.D. 2022.





Jethry W. Balleck, Socretary of State)

Authentication: 204589118