**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003973363)))



H220003973363ABC2

	Doing so will generate ano	mer cover sheet	•	
<b></b>				; ;
To:	Division of Corporations			
	Fax Number : (850)617-6	383		
From:				
	Account Name : REGISTERED Account Number : I200900000			:
	Phone : (307)200-2	2803		~
	Phone : (307)200-2 Fax Number : (855)330-1	1010		
annual	email address for this busine report mailings. Enter only o	ess entity to one email add	be used ress plea	for fut ase.**
annual Email /	report mailings. Enter only	ess entity to one email add	ress plea	ase.**
annual Email /	report mailings. Enter only o	ess entity to one email add	ress plea	
annual Email /	report mailings. Enter only on the second se	ess entity to one email add	ress plea	
annual Email /	report mailings. Enter only on Address:  OREIGN PROFIT/NONPRO  CGInfoSys	rss entity to one email add	ress plea	
annual Email /	report mailings. Enter only of Address:  OREIGN PROFIT/NONPRO  CGInfoSys  Certificate of Status	FIT CORPO	RATION	

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

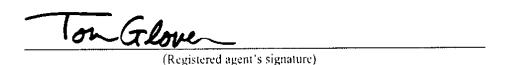
NOV 2 2 2022

## 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.

	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION		
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Florida)	
Texas	3			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
01/22/201	19			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		<u></u> .	
7001 1th S	it N STE 300 St. Petersburg FL		<i>;</i>	
7 90 1 4(11 3	(Principal office	<del></del>		
7901 4th S	St N STE 300 St. Petersburg FL			
7001 4111 0		address, if different)	. 52	
	· · ·		022 HO	
Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	10 V	
Name:	Northwest Registered Agent LL	.C	2027 HOV 22	
Name:	7901 4th St N STE 300	<del></del>		
fice Address:			<u>.</u>	
	St. Petersburg	, Florida 33702 (Zip code)	AH 10: 43	
	(City)	(Zip code)	~	

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: Ravindar Reddy Bhurri	□ Chairman	Name:	
□Vice Chairman	Address: 320 Decker Drive Ste. 100	□Vice Chairman	Address:	
<b>∑</b> Director	Irving TX 75062	□Director		
<b>X</b> President		□President		
□Vice President		□Vice President		
<b>X</b> Secretary	<b>X</b> Treasurer	□ Secretary		□Treasurer
□Other	□Other	□Other		Other
□Chairman	Name:	□Chairman	Name:	
	Address:	□Vice Chairman		
□Director		Director		
□President		□President		
□Vice President		□Vice President		
□ Secretary	Treasurer	□Secretary		☐Treasurer
□Other	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
□Other		□Other	<del></del>	Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6).	ttachment will be image ment of State Annual Ro or or Officer	port form.	
	Signature of Director	r or Unicer		

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.

, RAVINDAR REDDY BHURRI

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 Conversion for CGINFOSYS INC (file number 803217835), a Domestic For-Profit Corporation, was filed in this office on January 22, 2019.

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

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 October 14, 2022.



Phone: (512) 463-5555

Prepared by: SOS-WEB

John B. Scott Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services
TID: 10264 Document: 1187048750004