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S. ROBERTS
DEC 0 9 2022

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Hudson Partners, Inc.				
		ı - must include suffix	·	
Dear Sir or Madam:				
The enclosed "Application by Fore "Certificate of Existence," or "Cert above referenced foreign corporati	tificate of Good Star	nding" and check are subn		
Please return all correspondence co	oncerning this matte	r to the following:		
Salah Turkmani				
	Name of	Person		
Hudson Partners, Inc.				
	Firm/Con	npany		
900 Brickell Key Blvd. #2304				
	Addr	ess		
Miami, FL 33131				
	City/State a	and Zip code		
salah@themegaco.com				
E-mail a	address: (to be used	for future annual report no	otification)	
For further information concerning	this matter, please of	call:		
Travis Harrison	at (202) 756-8408 Daytime Telephone Number		
Name of Person	Area Cod	le Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
_	IDA DEPARTMENT	F OF STATE ☐ \$78.75 Filing Fee & Certified 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,

Hudson Partner 1.	s. Inc.		
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	iness in Florida)
Texas		88-4136342	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
9/26/2022		Perpetual (December 1) in the charge	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6. None yet			
7	(SEE SECTIONS 607.1501 & 607.1 Blvd. #2304, Miami, FL 33131	n Florida, if prior to registration) 502, F.S., to determine penalty liability) Tee <u>street</u> address)	
8. Name and stree	(Current maili et address of Florida registered agent: (P.C Salah Turkmani	ng address, if different) D. Box <u>NOT</u> acceptable)	2022 HG : 21
Office Address:	900 Brickell Key Blvd. #2304		13:10:31
	Miami	, Florida	. දුා උා
	(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.

(Registered agent's signature)

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 Salah Turkmani □Chairman □ Chairman Name: Name: 900 Brickelly Key, Blvd #2304 □ Vice Chairman □Vice Chairman Address: Address: Miami, FL 33141 Director □ Director □ President □ President ☐ Vice President □Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer ☐Other □Other _____ □Other □Other _____ □ Chairman □ Chairman Name: Name: ______ □Vice Chairman Address: _____ □ Vice Chairman Address: □Director □Director □President □President □ Vice President □ Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ □Other_____ ☐ Chairman □ Chairman Name: Name: □Vice Chairman Address: □ Vice Chairman Address: □ Director □ 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.

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.

Signature of Director or Officer

Salah Turkmani, Director

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 Formation for Hudson Partners, Inc. (file number 804745530), a Domestic For-Profit Corporation, was filed in this office on September 26, 2022.

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 November 07, 2022.



John B. Scott Secretary of State

Dial: 7-1-1 for Relay Services Document: 1194721060003

Phone: (512) 463-5555 Prepared by: SOS-WEB