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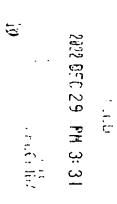
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PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

TO:	Registration Sec Division of Corp				
SHRI	JECT:		AI PAYM	IENTS, INC.	
300	EC1.	Name of cor	rporation - mu	st include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence	on by Foreign Corpora ;" or "Certificate of Go corporation to transac	ood Standing"	and check are subn	t Business in Florida," nitted to register the
Please	return all corresp	ondence concerning th	is matter to th	e following:	
		Julia Brov	vn		
			Name of Perso	n	
		Perkins Coi	e LLP		
		F	irm/Company		
	2901	North Centra	I Avenue	e, Suite 2000)
			Address		
		Phoenix, Ariz	zona 850	12	
			y/State and Zi	p code	
	juliabrov	n@perkinscoie			
		E-mail address: (to	be used for fut	ure annual report no	otification)
For fu	rther information	concerning this matter,	. please call:		
J۱	ulia Brown	at (602	351.8370	
	Name of Persor		Area Code	Daytime Teleph	one Number
	Registration Sec Division of Corp The Centre of T	porations allahassee : Street, Suite 810		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Please		he following amount: to: FLORIDA DEPAR \$78.75 Filing Fee Certificate of Sta	e & □ \$78	TTATE .75 Filing Fee & tified 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.

).	SARDINEAI PAYMENTS, INC					
	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORAT	TION,"			
	able in Florida, enter alternate corporate name ado	pted for the purpose of transa	cting business	in Florida)		
DELAWA	RE 3.					
	y under the law of which it is incorporated)	(FEI number, i	f applicable)			
JUNE 30,	_{5.} P	ERPETUAL				
(Date	of incorporation)	(Date of duration, if other than perpetual)				
	· · · · · · · · · · · · · · · · · · ·					
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502)		ability)			
	524 Broadway, New York	• •	* '			
	(Principal office					
	382 NE 191st Street, #5824	3, Miami, FL 3317	9-3899			
	(Current mailing a	ddress, if different)				
			<u> </u>	2		
Name and stree	t address of Florida registered agent: (P.O. E	lox NOT acceptable)	-	8 :2		
Name:	C T Corporation System	_	••	2012 DEC		
ffice Address:	1200 South Pine Island Road	d		29		
	Plantation	- Florida 33324		- Pr - သ		
	(City)	_ , Florida 33324 (Zip code)	<u></u>	. ယူ ယ		
Registered age	nt's acceptance:			$\frac{\omega}{\omega}$		
aving been name esignated in this orther agree to co	ed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relatives and accept the obligations of my positi	t as registered agent and o tive to the proper and com	igree to act in	this capacity.		
_	Muddle Hellug					

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 Name: Krisan Nichani Supranamaya Ranjan □ Chairman □ Chairman Address: 382 NE 191st Street Address: 382 NE 191st Street ☐ Vice Chairman □ Vice Chairman #58243 #58243 □ Director □ Director Miami, Florida 33179 Miami, Florida 33179 □President □President ☐ Vice President **□** Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer \Box Other \Box CCO _{□Other} CEO □Other _____ Other _____ Name: William Corry □ Chairman □ Chairman Name: ______ 382 NE 191st Street Address: _____ □Vice Chairman □Vice Chairman #58243 □ Director □ Director Miami, FL 33179 □President □President ☐ Vice President □ Vice President □ Secretary ☐ Treasurer □ Secretary ☐Treasurer Other CISO □Other _____ □Other _____ □Other _____ Chairman Name: _____ □ Chairman Name: □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □Director □ President ☐ President □Vice President ___ ☐Vice President □ Secretary □ Secretary ☐ Treasurer □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. Krisan <u>Nichani</u>

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

👝 Krisan Nichani



Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SARDINEAI PAYMENTS, 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 THIRTIETH DAY OF NOVEMBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SARDINEAI

PAYMENTS, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF JUNE, A.D.

2022.

Authentication: 204965800

Date: 11-30-22

6888050 8300 SR# 20224125097