

F230000000446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

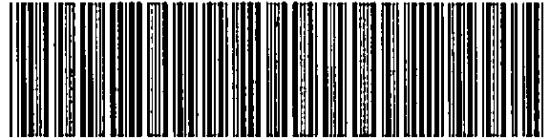
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2023 JAN 20 PM 12:25

JAN 21 2023

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CrossCompute Inc.

Name of corporation - must include suffix

Cross Compute Inc.

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Roy Hyunjin Han

Roy Hyunjin HAN

Name of Person

CrossCompute Inc.

Firm/Company

5709 12th Ave S

5709 12th ave S

Address

Gulfport, FL 33707

Gulfport, FL 33707

City/State and Zip code

billing@crosscompute.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

646-239-3641

Roy Hyunjin Han

at (646) 239-3641

Name of Person

Area Code

Daytime Telephone 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 following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$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.

1. CrossCompute Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York 3. 474734068 474736068
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 10, 2015 5. July 10, 2015
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 445 5th Ave 17F, NY, NY 10016 445 5th ave 17F, NY, NY 10016
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Roy Hyunjin Han

Office Address: 5709 12th Ave S

Gulfport Florida 33707
(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.

[Signature]
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

<input checked="" type="checkbox"/> Chairman	Name: <u>Roy Hyunjin HAN</u>	<input type="checkbox"/> Chairman	Name: <u>Olga Ryabtseva</u>
<input type="checkbox"/> Vice Chairman	Address: <u>5709 12th Ave S</u>	<input type="checkbox"/> Vice Chairman	Address: <u>25-40 Shore Blvd</u>
<input type="checkbox"/> Director	<u>Gulfport, FL 33707</u>	<input type="checkbox"/> Director	<u>APT 4H</u>
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	<u>Astoria, NY 11102</u>
<input type="checkbox"/> Vice President	_____	<input checked="" type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: <u>Kashfi Fahim</u>
<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>656 Hempstead Ave</u>
<input type="checkbox"/> President	<u>West Hempstead, NY</u>
<input type="checkbox"/> Vice President	<u>11552</u>
<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

12. [Signature]
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 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.

13. Roy Hyunjin HAN, Computational Engineer
(Typed or printed name and capacity of person signing application)

2023 JAN 20 PM 12:26
FILED

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: CROSSCOMPUTE INC.
DOS ID Number: 4787717
Entity Type: DOMESTIC BENEFIT CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 07/10/2015

Statement Status: CURRENT
Statement Due Date: 07/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on November 22, 2022 at 02:02 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2022

ROY HYUNJIN HAN
5709 12TH AVE S
GULFPORT, FL 33707

SUBJECT: CROSSCOMPUTE INC.
Ref. Number: W22000154746

We have received your document for CROSSCOMPUTE INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Sharholder and Advisor are not acceptable titles.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 322A00028003

RECEIVED
JAN 20 2023