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S. FRANKLIN FEB 1 0 2023

COVER LETTER

TO:		tration Section ion of Corporations					
SUBJ	ECT:	OpaLink, Inc.					
5015.		Name o	of corporation	- mus	include suffix		
Dear S	Sir or M	adam:					
"Certi	ficate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Stan	ding" a	and check are submitted		
Please	return	all correspondence concerni	ng this matter	to the	following:		
Willian	m Dood	nauth					
	-	. –	Name of	Person			
			Eigen /Com				
3907 1	leirloon	ı Place	Firm/Com	ірану			
		Triace	Addre	000			
Oviedo, FL 32766							
			City/State a	nd Zip	code		1
williar	n.doodn	auth@opalinkapp.com		·			Ċ
		E-mail address	: (to be used t	for futi	re annual report notific	ation)	 -
For fu	rther in	formation concerning this m	atter, please c	all:			
William Doodnauth			407 at (529	9-9432		
	Nam	e of Person	Area Cod		Daytime Telephone i	Number	
	Regis Divis The C	EET/COURIER ADDRESS Stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303			MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	n utions	
Please	make el	check for the following amoneck payable to: FLORIDA DI ing Fee S78.75 Filin Certificate o	EPARTMENT g Fee & [3 \$78.		\$87.50 Filing Certificate o Certified Co	f 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.

(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florid	da)
Delaware	3. v under the law of which it is incorporated)	86-1317215	
(State or countr	under the law of which it is incorporated)	(FEI number, if applicable)	
12/17/2020	5.	(Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 ace, Oviedo, FL 32766	Florida, if prior to registration) 12, F.S., to determine penalty liability)	
•	(Principal offic	e <u>street</u> address)	
	·	e <u>street</u> address) g address, if different)	
Name and stree	·	address, if different)]]
Name and stree	(Current mailing	address, if different)	Table 1
	(Current mailing t address of Florida registered agent: (P.O	address, if different)	
Name:	(Current mailing t address of Florida registered agent: (P.O Nicholas Spetsas 225 E. Robinson Street	address, if different)	

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]:

(Registered agent's signature)

A. DIRECTORS William Doodnauth Teddy Doodnauth Name: □Chairman □Chairman 3907 Heirloom Place 3907 Heirloom Place Address: □Vice Chairman Address: □Vice Chairman Oviedo, FL 32766 Oviedo, FL 32766 Director **■**Director □ President □President □Vice President □ Vice President □Treasurer □ Secretary ☐Treasurer □Secretary □Other _____ ☐Other _____ □Other _____ □Other ______ Rohan Doodnauth □Chairman Name: Chairman Name: 3907 Heirloom Place □ Vice Chairman □Vice Chairman Address: Address: Oviedo, FL 32766 □Director ■ Director □President □President □Vice President □Vice President □ Secretary □ Secretary □Treasurer □Treasurer □Other _____ □Other _____ □Other _____ □Other ___ □Chairman □Chairman Name: Name: Address: ____ □Vice Chairman Address: _____ □ Vice Chairman □ 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. 12. _/s/ William Doodnauth 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. William Doodnauth

Page 1

Delaware The First State

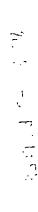
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OPALINK, 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

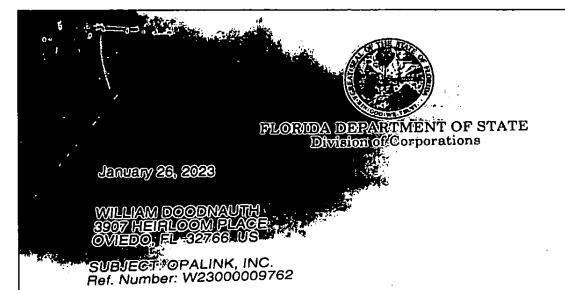
OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2023.





Authentication: 202595044

Date: 01-27-23



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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Sharon D Franklin

Regulatory Specialist II Letter Number: 523A00001980

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