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.

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	Doing :	so will generate another cover sheet.
To:		
	Division of Co	orporations
	Fax Number	: (850)617-6383
From:		
	Account Name	: LEGALZOOM.COM INC.
	Account Number	r : 120010000062
	Phone	: (323)962-8600

ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fax Number : (323)389-0502

Email Address:\_\_

## FOREIGN PROFIT/NONPROFIT CORPORATION AGENTDESKS INCORPORATED

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

Ta.

## **COVER LETTER**

TO:	Registration Section Division of Corporation					
SUBJ	ECT: AGENTOES	KS INCORPORATED				
		Name of corporat	ion - mus	t include suffix		
Dear S	ir or Madam:					
"Certif	icate of Existence," (	by Foreign Corporation for "Certificate of Good Storporation to transact busing	tanding":	and check are sub	ct Business in Florida," mitted to register the	
Please	return all correspond	ence concerning this mat	ter to the	following:	روت است	
Cheyen	ne Moseley					
***********	<del></del>	Name	of Person	<del></del>		
Legalzo	oom.com, Inc.					.J
<del></del>		Firm/C	ompany			<del></del>
101 N E	Brand Blvd 11th Fl					
		Ad	dress	· · · · · · · · · · · · · · · · · · ·		ক্ট
Glendal	e, CA 91203					
		City/State	and Zip	code		
ashkaan	@radiusagent.com					
	E	-mail address: (to be use	d for futu	re annual report n	otification)	
For furt	ther information cond	cerning this matter, please	e call:			
Cheyen	ne Moseley	800 at (	773	3880-		
	Name of Person	Area Co	ode	Daytime Teleph	none 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		
Please m		ollowing amount:  FLORIDA DEPARTMEN  \$78.75 Filing Fee &  Certificate of Status	<b>S78.7</b>	ATE 5 Filing Fee & fied Copy	S87.50 Filing Fee, Certificate of Stat Certified Copy	

Page: 4 of 6

Ashkaan Hassan

## 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.

	aote in Florida, enter alternate corporate name ac	lopted for the purpose of transacting busi	ness in Florida)		
		3. 472145007 (FE) number, if applicable)			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
0/17/2014	ς.				
(Date of incorporation) 02/17/2023		5. (Date of duration, if other than perpetual)			
21 Brickell Av	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 e., Suite 900, Miami, Florida 33131	Florida, if prior to registration) 2, F.S., to determine penalty liability)			
	(Principal office	street address)	(رُ رُ عَ)		
·	(Current mailing	address, if different)	***************************************		
ame and stree	t address of Florida registered agent: (P.O.)	Box NOT acceptable)			
Name:	Ashkuan Hassan				
Fice Address:	1221 Brickell Ave., Suite 900	_	** **		
	Miami	, Florida 33131 (Zip code)			
	(City)	(Zip code)			

<sup>10.</sup> 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

Τo

□Chairman	Name: Biju Ashokan	□ Chairman	Name:		
□Vice Chairman	Address: 1221 Brickell Ave., Suite 900	DVice Chairman			
<b>≅</b> Director	Miami, Florida 33131	□ Director			
<b>≣</b> President		□ President			
□Vice President		O Vice President			
<b>≅</b> Secretary	■ Treasurer	□ Secretary		☐'Treasurer	
Other	□ Other	□Other			
			<del></del>		
□ Chairman	Name:	□ Chainnen	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
□ Director		□ Director			
□President		□President			
□Vice President		□ Vice President		27	
☐Secretary	☐ Treasurer	[] Secretary		Treasurer	
□Other	Other	□Other		□Other	
□Chairman	Name:	GChairman	Name:		
□ Vice Chairman	Address:	□ Vice Chairman	Address:	· .	
☐ Director		Director			
□President		□President			
□Vice President		□Vice President			
□ Secretary	[]Treasurer	☐ Secretary		[]Treasurer	
Olher	Other	Other	·	Other	
mportant Notice: U ndividuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Depar	attachment will be imaged trnent of State Annual Rep	for reporting port form.	purposes only. Non-indexed	
	. 6.1.1	•			
7	Signature of Director	or Officer		**************************************	
The officer or directine is aware that fall	tor signing this document (and who is listed in nun se information submitted in a document to the Dep	nber 11 above) affirms that partment of State constitute	t the facts state	ed herein are true and that he or	

s.817.155, F.S.

13. Biju Ashokan, President



Page 1

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

DELAWARE, DO HEREBY CERTIFY "AGENTDESKS INCORPORATED" 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 SECOND DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGENTDESKS INCORPORATED" WAS INCORPORATED ON THE SEVENTEENTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202821737

Date: 03-02-23