F23000002271

(Req	questor's Name)
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(City)	/State/Zip/Phone #)
	WAIT MAIL
(Busi	iness Entity Name)
(Doci	ument Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	iling Officer:
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Office Use Only



100406284131

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 04/18/2023

PRIORITY Routine

OUR REF # (Order ID#) Devon

ORDER ENTITY

Dexis Professional Services, Inc.

PLEASE PERFORM THE FOLLOWING SERVICES:

Dexis Professional Services, Inc.

Please file the attached qualification.

NOTES:

\$70.00 Authorized

[Email-address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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.

·	DIESSIONAL SERVICES, INC. orporation; must include "INCORPORATED,"	* ••CCAADAANA(** ••CCODDOO ATTION **			_
	orp." "Inc." "Co." or "Corp.")	"COMPANY, "CORPORATION,			
(If name unavoil	able in Florida, enter alternate corporate name a	adopted for the numeric of transpating h	urainace in	Clorida	_
Minainia	able in Piorida, enter anemate corporate name a	adopted for the purpose of transacting b	ousmess in	riorida	,
Virginia (State or country)	y under the law of which it is incorporated)	(FEI number, if applie	cabla)		_
00/00/00	•		caolej		
(Date of incorporation)		5. Perpetual (Date of duration, if other than perpetual)			
	to incorporation)	(Date of duration, it office that	ii perpetuai	,	
6	(Date first transacted business in	Florida if prior to registration)			_
		02, F.S., to determine penalty liability)			
_{7.} 1331 Peni	nsylvania Ave. NW, Suite 30	00 Washington DC 200	004		
	(Principal offic	ce <u>street</u> address)		<u> </u>	_
1331 Penr	nsylvania Ave. NW, Suite 300	Washington DC 20004			
	(Current mailing	g address, if different)			_
			!	10.	
8. Name and stree	et address of Florida registered agent: (P.O	·	<u>5</u> "l	LJ A	، سے ، ،
Name:	Incorporating Services, L	<u>td.</u>	? <u>-</u>	10423 APR 18	4
Office Address:	1540 Glenway Drive		37.75)
	Tallahassee	, Florida 32301	•	PH 3:	, елен ў
	(City)	(Zip code)	1+-	34	~ 11
				-	

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. DÍRECTORS _{Name:} Mihir Desai □ Chairman ☐ Chairman Name: Address: ☐ Vice Chairman □ Vice Chairman Address: _____ 1331 Pennsylvania Ave. NW, Suite 300 ■ Director □ Director Washington, DC 20004 President □President ☐ Vice President ☐ Vice President ■ Treasurer □Treasurer ■ Secretary □ Secretary □Other _____ □Other ____ □Other _____ ☐Other ______ □Chairman Name: □ Chairman Name: ______ □Vice Chairman Address: _____ ☐ Vice Chairman Address: □Director □ Director President □President □ Vice President _____ □ Vice President □ Secretary ☐ Treasurer □ Secretary ☐Treasurer □Other _____ □Other _____ □Other _____ □Other _____ □ Chairman Name: _____ □ Chairman □ Vice Chairman Address: ___ □ Vice Chairman Address: □ Director □ Director □ President □President □ Vice President ☐ Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □ 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/ Mihir Desai 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. Mihir Desai, President

(Typed or printed name and capacity of person signing application)

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That DEXIS PROFESSIONAL SERVICES, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on August 9, 2016;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

April 17, 2023

Bernard J. Logan, Clerk of the Commission