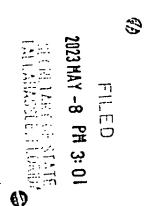
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COVER LETTER

TO:	Registration Section Division of Corporations			
SHRI	ECT: Sage Group Technologies In	ıc		
.,01,,	Name	of corporation	- must include suffix	
Dear S	ir or Madam:			
"Certi	iclosed "Application by Foreign C ficate of Existence," or "Certificate referenced foreign corporation to	e of Good Stand	fing" and check are sub-	
Please	return all correspondence concerr	ing this matter	to the following:	
Kiran !	Sharma			
		Name of I	erson	
Sage (iroup Technologies Inc			
		Firm/Com	pany	
3400 1	lighway 35, Ste 9A			
		Addre	ss	
Hazlet	. NJ 07730			
		City/State ar	nd Zip code	
ksharn	na(@sagegroupinc.com			
	E-mail addres	s: (to be used for	or future annual report n	otification)
For fu	ther information concerning this r	natter, please ca	ıll:	
Kiran :	Sharma	at (994-3322	
	Name of Person	Area Code		ione Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING A. Registration Sc Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Please	ned is a check for the following am make check payable to: FLORIDA D 0.00 Filing Fee	EPARTMENT ng Fee &	OF STATE \$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.

(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Sangeeta Rani	(If name unavail	able in Florida, enter alternate corporate nana	adopted for the purpose of transacting business in	Florida)
(State or country under the law of which it is incorporated) 8/25/2016 (Date of incorporation) (Date dirst transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3/400 Highway 35 Ste 9A, Hazlet, NJ 07730 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Sangeeta Rani				
(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3400 Highway 35 Ste 9A, Hazlet, NJ 07730 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Sangeeta Rani Tice Address: 11926 NW 8th Rd Gainesville Florida 32606	(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3400 Highway 35 Ste 9A, Hazlet, NJ 07730 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Sangeeta Rani	8/25/2016	5		
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3400 Highway 35 Ste 9A, Hazlet, NJ 07730 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Sangeeta Rani	(Date	of incorporation)	(Date of duration, if other than perpetua	dj
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3400 Highway 35 Ste 9A, Hazlet, NJ 07730 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Sangeeta Rani				
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Sangeeta Rani		(Date first transacted business) (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Sangecta Rani	3400 Highway 3:	Ste 9A, Hazlet, NJ 07730		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Sangeeta Rani		(Principal of	fice <u>street</u> address)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Sangeeta Rani Tice Address: Gainesville Florida 32606				20.
Tice Address: Gainesville Florida 32606		(Current maili	ing address, if different)	<u>₩</u>
fice Address: Tig26 NW 8th Rd			Graph Carlo	三 .
Gainesville Florida 32606	Name and <u>stree</u>	<u>st address</u> of Florida registered agent: (P.	O. Box NOT acceptable)	14 -8 PK
Gainesville Florida 32606		Sangeeta Rani	<u></u>	
Gainesville Florida 32606	Name:			္ကို ဟူ
		11926 NW 8th Rd		
$(C_1(x))$			32606	2
		Gainesville	, Florida AD	: O
Registered agent's accentance:	Tice Address:	Gainesville (City)	, Florida 32606 (Zip code)	
	Tice Address: Registered age	Gainesville (City) ent's acceptance:	Zip code)	A 9
iving been named as registered agent and to accept service of process for the above stated corporation at t signated in this application, I hereby accept the appointment as registered agent and agree to act in this co	fice Address: Registered agoving been naming signated in this	Gainesville (City) ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint	(Zip code) rice of process for the above stated corporation ment as registered agent and agree to act in t	n at the
ving been named as registered agent and to accept service of process for the above stated corporation at t signated in this application, I hereby accept the appointment as registered agent and agree to act in this co ther agree to comply with the provisions of all statutes relative to the proper and complete performance o	fice Address: Registered agreeing been nameignated in this ther agree to c	Gainesville (City) ent's acceptance: ed as registered agent and to accept sery application, I hereby accept the appoint omply with the provisions of all statutes	(Zip code) rice of process for the above stated corporation ment as registered agent and agree to act in teleprotestive to the proper and complete performance.	n at the
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1). Registered agent's acceptance: Taving been named as registered agent and to accept service of process for the above stated corporation at the designated in this application. I hereby accept the appointment as registered agent and agree to act in this continuity of the proper and complete performance of the following the proper and complete performance of the familiar with and accept the obligations of my position as registered agent. Subspecta Kabi	flice Address: Registered age faving been names ignated in this arther agree to c	Gainesville (City) ent's acceptance: eed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my po	(Zip code) rice of process for the above stated corporatio ment as registered agent and agree to act in trelative to the proper and complete performationsition as registered agent.	n at th
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11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Kiran Sharma □Chairman Name: □ Chairman Name: _____ 3400 Highway 35, Suite 9A □ Vice Chairman Address: Address: _____ □ Vice Chairman Hazlet, NJ 07730 Director □ Director ksharma@sagegroupine.com President □President □ Vice President □ Vice President ■ Secretary Treasurer □Treasurer □ Secretary □Other _____ □Other _____ □Other _____ Name: □ Chairman Name: □ Chairman ☐ Vice Chairman Address: □Director □Director President □President □ Vice President □ Vice President □ Secretary □Treasurer □ Secretary □ Treasurer □Other _____ □Other _____ □Other _____ □Other _____ □Chairman □ Chairman Name: ____ Name; □Vice Chairman Address: _____ □ Vice Chairman Address: □Director □ Director **ElPresident** □President □Vice President □Vice President Treasurer □Treasurer ☐ Secretary □ Secretary □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. 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.

Kiran Sharma

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

SAGE GROUP TECHNOLOGIES INC

0450100386

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on August 25, 2016.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

KIRAN SHARMA 3400 HIGHWAY 35 SUITE 9A HAZLET, NJ 07730



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 3rd day of May, 2023

Elizabeth Maher Muoio State Treasurer

duk of Mu

Certificate Number : 6142743900

Verify this certificate online at

https://www1.state.np.us/TYTR_StandingCert/JSP/Verify_Cert/pp

Document Reference : 7eabc618-9a3b-4635-a821-1d7d8f372c84

Document Title : Foreign Corp. Registration for Business in Florida

Document Region : Northern Virginia

Sender Name : Anil Kurria

Sender Email : akurria@sagegroupino.com

Total Document Eagen : 2

Secredary Security : Not Required

Participants

1. Sangeeta Rani (sangeetamanaveer@gmail.com)

2. Kiran Sharma (ksharma@sagegroupinc.com)

Document History

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NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF INC, (PROFIT)

SAGE GROUP TECHNOLOGIES INC 0450100386

The above named DOMESTIC PROFIT CORPORATION was duly filed in accordance with New Jersey State Law on 08/25/2016 and was assigned identification number 0450100386. Following are the articles that constitute its original certificate.

1. Name:

· . .

SAGE GROUP TECHNOLOGIES INC

2. Registered Agent:

KIRAN SHAEMA

3. Registered Office:

3400 Highwar 35 SUITE 9 HAZIET, MEW JERSFY 07730

4. Business Purpose:

TO PROVIDE SOFTWARE DEVELOPMENT SOLUTIONS

5. Duration:

PERPETUAL

6. Stock:

1000000

7. Effective Date of this filing is:

11/19/2016

8. First Board of Directors:

KIRAN SHARMA 3400 HIGHWAY 35, STE 9 HAZLET, NEW JERSEY 07730

9. Incorporators:

KIRAN SHARMA 3400 HIGHWAY 35, STE 9 HAZLET, NEW JERSEY 07730

10. Main Business Address:

3400 HIGHWAY 35 SUITE 9 HAZLET, NEW JERSEY 07730

Signatures:

KIRAN SHARMA INCORPORATOR

NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF INC, (PROFIT) SAGE GROUP TECHNOLOGIES INC 0450100386



Certificate Number 4920075821

Frogs the Cortificate solving at https://www.listate.eg.us/TYTR_StandingCort.JSP/Vente_Cort.pg/

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal 25th day of August, 2016

Ford M. Scudder Acting State Treasurer