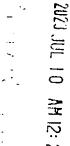
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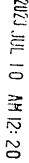
(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	
W230000 741	24	

Office Use Only

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85/09/23--61022--664 **70.00







www.taxstudio.com

san francisco / boise / sydney / santa monica

July 7, 2023

:

TaxStudio, Ltd.
548 Market Street #90321
San Francisco, CA 94104

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Resubmission of Florida Secretary of State registration

RECEIVED
JUL 1 0 2023

Š

Entity: Chroma Software Inc.

EIN: 37-1882693

Reference Document Number: W23000074124

To Whom It May Concern:

We are writing on behalf of our client, Chroma Software Inc. (the "Taxpayer") in regards to resubmission of Florida Secretary of State registration.

The Taxpayer registered with the Florida Secretary of State for the authority to transact business in April 2023. However the registration is shown "filing rejection" on the Florida Secretary of State website. The Taxpayer was told that the original application did not list the information of officers. To update the record, the Taxpayer was told to mail the officer information with a reference number W23000074124.

Enclosed please find the original application and the information on officers.

Enclosed please find the Directors information.

• Dorector: Zoltan Olah

Address: 548 Market Street #26384 San Francisco, CA 94104-5401

President: Zoltan Olah

Address: 548 Market Street #26384 San Francisco, CA 94104-5401

• Secretary: Zoltan Olah

Address: 548 Market Street #26384 San Francisco, CA 94104-5401

• Treasurer: Zoltan Olah

Address: 548 Market Street #26384 San Francisco, CA 94104-5401

• Director: Tom Coleman

Address: 548 Market Street #26384 San Francisco, CA 94104-5401

Please kindly update your records accordingly and let us know if further information is needed.

Should you have any questions or need additional information, please contact me at +<u>1 310-633-3339</u> or <u>Cindy@taxstudio.com</u>.

Sincerely,

Xiner Gui,

Paid Tax Preparer

TaxStudio, Ltd.

COVER LETTER

-	stration Section ion of Corporations			
SURIFCT:	Chroma Software, inc.			
GODGECT.	Name (of corporation - 1	nust include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Co f Existence." or "Certificate iced foreign corporation to tr	of Good Standir	g" and check are subn	
Please return	all correspondence concerni	ng this matter to	the following:	
Zoltan Olah				
		Name of Pe	son	
Chroma Softw	are, Inc.	 Firm/Ćompa	 ny	
548 Market St	reet #26384			
		Address		
San Francisco.	.CA, 94104			
	······································	City/State and	Zip code	
compliance(<u>a</u> st	axstudio.com			
	E-mail address	: (to be used for	future annual report no	otification)
For further in	formation concerning this m	atter, please call	:	
Zoltan Olah		310	6333339 Daytime Telephone Number	
ivan	ic of Person	Area Code	Daytime Teleph	one Number
Regia Divis The G 2415	EET/COURIER ADDRESS stration Section sion of Corporations Centre of Taliahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
	check for the following amounted payable to: FLORIDA DI ling Fee	EPARTMENT O g Fee & S	F STATE 178.75 Filing Fee & Certified Copy	S87.50 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.

Chroma Softwar				
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY." "CORPORATION."		
(If name unavail:	ible in Florida, enter alternate corporate name ad	opted for the purpose of transacting b	usiness in Flor	rida)
Delaware	3 3	3. 37-1882693 (FEI number, if applicable)		
(State or countr	y under the law of which it is incorporated)	rated) (FEI number, if applie		
01/18/2018	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
548 Market Street	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 #26384 (Principal office	2. F.S., to determine penalty liability)		
·	(Principal office	street address)		
San Francisco, C.	A. 94104			
	(Current mailing	address, if different)	, ; ;	207
. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Corporation Service Company	Box <u>NOT</u> acceptable)		2023 JUL 10
Office Address:	1201 Hays Street.		57 52 (3.1) 53 5	MH 12:
	Tallahassee, FL 32304	, Florida	-	2
	(City)	(Zip code)	•	0

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.

Melissa Clarke, Melissa Clarke, Asst. V.P.

(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. DIRECTORS □Chairman **Chairman** Name: Address: □Vice Chairman Address: ☐ Vice Chairman Zoltan Olah ☐ Director Director 548 MARKET ST. \$ 26384 □ President President Son Francisco, CA 94104-5401 □ Vice President ☐ Vice President □ Secretary □Treasurer Secretary ■ Treasurer □Other _____ □Other ______ Chairman. Name: □Chairman Name: □Vice Chairman Address: ______ □ Vice Chairman Address: Tom Coleman Director Director 548 MARKET ST \$26384 □President President San Francisco, Co 94104-591 ☐ Vice President □ Vice President ☐ Secretary **■** Treasurer □ Treasurer □ 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 _____

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.

Zoltan olah 04/19/2023
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.

Zoltan Olah



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

DELAWARE, DO HEREBY CERTIFY "CHROMA SOFTWARE, 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 FIRST DAY OF MAY, 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 "CHROMA SOFTWARE, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2018.

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

Authentication: 203245155

Date: 05-01-23