## F23000004138

(Requestor's Name)
(Address)
(Address)
(
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of Corporations	
SUBJECT: AiDash, Inc.	
	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	Standing and check are submitted to register the
Please return all correspondence concerning this ma	atter to the following:
Jim Harper	Ç
Name	of Person
AiDash, Inc.	
Firm/C	Company
3031 Tisch Way, Suite 110, Plaza West	
Ac	ddress
San Jose, CA 95128	
City/Stat	te and Zip code
jim@aidash.com	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, pleas	se call:
Jim Harper 508	561-3195
Name of Person Area C	
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
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTME:  \$\subsymbol{\s	NT OF STATE  □ \$78.75 Filing Fee & ■ \$87.50 Filing Fee, Certified Copy 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.

AiDash, Inc.			
(Enter name of c	corporation; must include "INCORPORATED," Corp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATI	ION,"
AiDash			
(If name unavai	able in Florida, enter alternate corporate name a	idopted for the purpose of transac	cting business in Florida)
Delaware		93 3369915	ang susmens (ii r torida)
(State or counts	ry under the law of which it is incorporated) 3.	(FEI number, if	applicable)
	e of incorporation) 5.	(Date of duration, if oth	
12/1/22	e of incorporation)	(Date of duration, if oth	er than perpetual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 92, F.S., to determine penalty liab	pility)
	STE 110 PW, San Jose, CA 95128		<del></del>
12 Raffaele Driv	(Principal offic e, Waltham, MA 02452	e <u>street</u> address)	
		address, if different)	
	,	, was ever if an interest (	
Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Vcorp Agent Services, Inc.	<u></u> ,	
ffice Address:	1200 South Pine Island Road		
	Plantation	, Florida	
	(City)	(Zip code)	<u> 20</u>
Registered age	ent's acceptance:		23 J
aving been nam	ed as registered agent and to accept service	e of process for the above stat	ed corporation at the place.
rignuieu in inis orther agree to ci	application, I hereby accept the appointment omply with the provisions of all statutes rel	ent as registered agent and ag	ree to act in this capacity.
d I am familiar	with and accept the obligations of my posi	tion as registered agent.	- 성도 교 11
A	nthony Palazzo, Assistant Secretary	RL_	20 E
	(Registered agent's sign	nature)	<del></del>
	(p	medic j	

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):

□Chairman	Name: Abhishek Singh	□Chairman	Name:Richard Forcier
□Vice Chairman	2070 1/ 1 1 1 1 1 1 1	□Vice Chairman	Address: 45 Buckboard Drive
Director	Santa Clara, CA, 95051	Director	Westford, MA 01886
President		President	
□Vice President		□Vice President	
□Secretary	☐ Treasurer	□ Secretary	<b>■</b> Treasurer
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 )	Name:
IVice Chairman	Address:		Address:
Director		□Director	
President _		□President _	
OVice President		□Vice President	
Secretary	□Treasurer	□Secretary	□Treasurer
Other	Other	□Other	

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.

Richard Forcier, Chief Financial Officer & Treasurer



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

DELAWARE, DO HEREBY CERTIFY "AIDASH 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-FIFTH 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203428114

Date: 05-25-23

7258879 8300 SR# 20232412860 The Secretary of State of Delaware issued a certificate for AIDASH INC whose file number is 7258879 on 05/25/2023 under request number 20232412860 for authentication number 203428114

