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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

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FOREIGN PROFIT/NONPROFIT CORPORATION FACILIO INC.

Certificate of Status	0
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA H23000248910

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.

L PACILIO INC.					
	orporation; must include "INCORPORATED." orp," "Inc," "Co," or "Corp.")	" "COMPANY." "CORPORATION	ν,"		
	able in Florida, enter alternate corporate name		ig business in Florida)		
DELAWARE	3.	82-2196589			
(State or country under the law of which it is incorporated)		(FEI number, if ap	plicable)		
06/20/2017	5				
(Date of incorporation)		(Date of duration, if other	than perpetual)		
06/07/2023		,			
442 5TH AVENU	(SEE SECTIONS 607.1501 & 607.15 JE #1746, NEW YORK, NY 10018 (Principal offi	502, F.S., to determine penalty liabili ce <u>street</u> address)	(y)		
442 5TH AVEN	JE #1746. NEW YORK, NY 10018				
. Name and <u>stree</u>	(Current mailing and address of Florida registered agent: (P.C	ng address, if different) D. Box NOT acceptable)	2023 JUL DEGRET TALL AH		
Name:	CAPITOL CORPORATE SERVICES,				
Office Address:	515 E. PARK AVENUE, 2ND FL		AM 8:		
	TALLAHASSEE	Florida <u>32301</u>	2		
	(City)	(Zip code)	•		

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.

Kim Tadlock, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.

(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.

f_2Chairman	Name: PRABHU RAMACHANDRAN	□Chairman	Name: RAJAVEL SUBRAMANIAN			
L Vice Chairman	Address: 1/100 MANTHOPPU STREET	□Vice Chairman	Address: 442 5TH AVENUE, #1746			
ÉDirector	SIRUSERI	Director	NEW YORK, NY 10018			
⊞President	CHENNAL TAMIL NADU	□President				
□Vice President	603103 IN	□ Vice President				
□Secretary	□Treasurer	□Secretary	□Treasurer			
[20ther	Other	□Other	Other			
l∃Chairman	Name:	□Chairman	Name:			
EVice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□President		□President				
∐Vice President		□Vice President				
I [Secretary	□Treasurer	☐ Secretary	□Treasurer			
17 Other		□Other	Other			
[☐Chairman	Name:	□Chairman	Name:			
ElVice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
L_President		□President				
E ⁿ Vice President		□Vice President				
ID/Socretary	□Treasurer	☐Secretary	□Treasurer			
Ü⊖ther	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. [Practice of Director or Officer] 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 \$817.155, F.S.

PRABHU RAMACHANDRAN, DIRECTOR

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "FACILIO 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 SEVENTEENTH DAY OF JULY, 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 "FACILIO INC."

WAS INCORPORATED ON THE TWENTIETH DAY OF JUNE, A.D. 2017.

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

6451985 8300
SR# 20233005080
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203754273

Date: 07-17-23