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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

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

Email Address: Documents@incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION
5D Solutions Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

RECEIVED

2023 OCT 12 AM 9:09

DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FL

2023 OCT 12 AM 8:55

FILED

H23000357312 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5D Solutions Inc.

.....
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jackie DeFilippis

.....
Name of Person

InCorp Services, Inc.

.....
Firm/Company

3773 Howard Hughes Pkwy. - Suite 500S

.....
Address

Las Vegas, NV 89169-6014

.....
City/State and Zip code

documents@incorp.com

.....
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie DeFilippis on behalf of InCorp Services, Inc. at (.....)

Name of Person

Area Code

800-246-2677

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite S10
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 DEPARTMENT OF STATE**

- | | | | |
|--|--|---|---|
| ☒ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee &
Certificate of Status | ☐ \$78.75 Filing Fee &
Certified Copy | ☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

H23000357312 3

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.

1. 5D Solutions Inc
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co." or "Corp.")

2. Delaware 3. 37-1996523
 (State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 03/01/2021 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

6. _____
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3500 South Dupont Highway, Dover, DE 19901
 (Principal office street address)

98 Cuttermill Road Suite 466 S. Great Neck, NY 11021
 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

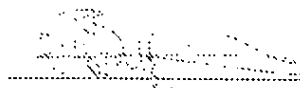
Name: InCorp Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
 (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, 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.

 _____ Louise Breitenbach on behalf of InCorp 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total].

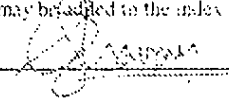
H23000357312 3

H23000357312 3

A. DIRECTORS

☐ Chairman	Name: <u>Khalid Mahmood Khalil Abu Al-Rubio</u>	☐ Chairman	Name: <u>Sagar D. Chavan</u>
☐ Vice Chairman	Address: <u>98 Cuttermill Road, Suite 466 S.</u>	☐ Vice Chairman	Address: <u>98 Cuttermill Road, Suite 466 S.</u>
☐ Director	<u>Great Neck, NY 11021</u>	☐ Director	<u>Great Neck, NY 11021</u>
☒ President	_____	☐ President	_____
☐ Vice President	_____	☒ Vice President	_____
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Chairman	Name: <u>Abhik Ray</u>	☐ Chairman	Name: _____
☐ Vice Chairman	Address: <u>98 Cuttermill Road, Suite 466 S.</u>	☐ Vice Chairman	Address: _____
☐ Director	<u>Great Neck, NY 11021</u>	☐ Director	_____
☐ President	_____	☐ President	_____
☒ Vice President	_____	☐ Vice President	_____
☐ Secretary	☐ Treasurer	☐ Secretary	☐ 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 _____

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.  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.

13. Sagar D. Chavan, Vice President
(Typed or printed name and capacity of person signing application)

H23000357312 3

Delaware

The First State

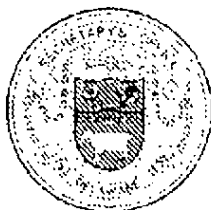
Page 1

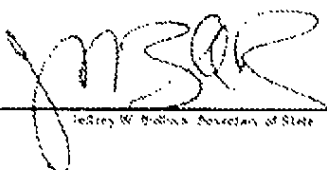
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "5D SOLUTIONS INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF OCTOBER, 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 "5D SOLUTIONS
INC." WAS INCORPORATED ON THE FIRST DAY OF MARCH, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

5309134 8300

SR# 20233710090

You may verify this certificate online at corp.delaware.gov/authver.html

Authentication: 204353667

Date: 10-11-23