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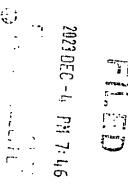
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporatio	ns		
SUBJECT: Naya Software, In	nc.		
	Name of corporatio	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by " "Certificate of Existence," or " above referenced foreign corpo	Certificate of Good Sta	nding" and check are sub	ect Business in Florida," omitted to register the
Please return all correspondence	e concerning this matte	er to the following:	
Matthew Basile			
	Name of	Person	
Naya Software, Inc.			
	Firm/Cor	прапу	
802 E. Whiting Street			
	Add	ress	
Tampa, FL 33602			
	City/State:	and Zip code	
matthew.basile@nayasoftware.co	m	~	
		for future annual report	notification)
For further information concern	ning this matter, please	call:	
Matthew Basile	at (516	) 480-6872	
Name of Person	Area Coo	de Daytime Telep	hone Number
STREET/COURIER Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ns see , Suite 810	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
Enclosed is a check for the foll Please make check payable to: FL		Γ OF STATE	
□ \$70.00 Filing Fee □ \$		\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status &

## 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.

		RATED," "COMPANY," "CORPORATION,"	_
(If name unavails	able in Florida, enter alternate corpora	ate name adopted for the purpose of transacting business in Florida	 a)
Delaware		3	
(State or countr	y under the law of which it is incorpor	rated) (FEI number, if applicable)	
February 27, 20		5. (Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
j			
		usiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)	
802 E. Whiting S	treet, Tampa, Florida 33602		
	(Princ	cipal office street address)	
	(Curre	nt mailing address, if different)	
NT 1 .	. 11 (77) 11 1 1 1	. (D.O. D. MOT	
. Name and stree	et address of Florida registered age	nt: (P.O. Box NO1 acceptable)	
Name:	Matthew Basile		
Office Address:	1302 Merry Water Dr.	DEC:	2 5 2 5 2 2 3 4 2 2 3 4 4 2 3 3 4 4 4
	Lutz	Florida 33548	2 22 2
	(City)	, Florida 33548 (Zip code)	발 및 B Season S
Denistand on	47	<u></u> →	العسة
	ent's acceptance: ed as registered agent and to acce	ept service of process for the above stated corporation Arth	e nlace
lesignated in this	application, I hereby accept the a	appointment as registered agent and agree to act in this cap	pacity. I
	omply with the provisions of all sto with and accept the obligations of	atutes relative to the proper and complete performance of	my duties,
inu i am jamaiai	with unu accept the obligations of	j my position as registerea agent.	
		>	

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.

(Registered agent's signature)

## A. DIRECTORS Name: Matthew Basile Name: Stephen Basile □Chairman □Chairman Address: 1302 Merry Water Dr. Address: 3183 Bellwind Circle ☐ Vice Chairman ☐Vice Chairman Lutz, FL 33548 Viera, FL 32940 □ Director □ Director **■**President □ President ☐Vice President ■ Vice President ☐ Secretary □Treasurer ☐ Secretary Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □ Other \_\_\_\_\_ Name: Sharad Gurung Name: Paul Keenan ☐ Chairman □ Chairman Address: 3183 Bellwind Circle Address: 139 Huron Drive ☐ Vice Chairman ☐ Vice Chairman Viera, FL 32910 Chatham, NJ 07928 □ Director □ Director □President □ President ■ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer □ Secretary □Treasurer Other \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_ Other \_\_\_\_\_ □ Chairman ☐ Chairman Address: □ Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Director □ Director □President □ President ☐ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer □ Secretary □ Treasurer □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

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 of 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.

13. Matthew Basile, President and CEO



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

DELAWARE, DO HEREBY CERTIFY "NAYA 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 SEVENTH 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 "NAYA SOFTWARE,

INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D.

2018.

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

A CONTRACTOR OF THE PARTY OF TH

Authentication: 204329415

Date: 10-07-23

6773367 8300 SR# 20233562167