## F24000000364

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



400420521484

12/19/23--01026--004 \*\*78.75

2823 DEC 19 AM II: 4.3

S. ROTERTS

JAN 2 4 2024

## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT: Supply & I	Friends Inc.				
SUBJECT:	Name of corporation	n - must include suffix			
Dear Sir or Madam:					
"Certificate of Existence	on by Foreign Corporation for ," or "Certificate of Good Sta n corporation to transact busin	nding" and check are subr	t Business in Florida," nitted to register the		
Please return all correspond	ondence concerning this matte	er to the following:			
Balu Chandrasekaran					
-	Name o	f Person	<del></del>		
Supply & Friends Inc.					
	Firm/Co	mpany			
390 NE 191st St STE 8144	4				
	Add	lress			
Miami, FL 33179					
	City/State	and Zip code			
supplyandfriendsinc@ao.a	ърр				
	E-mail address: (to be used	l for future annual report n	otification)		
For further information	concerning this matter, please	call:			
Balu Chandrasekaran	415 at (	696-2666			
Name of Perso	n Area Co	Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for Please make check payabl \$70.00 Filing Fee	the following amount: le to: FLORIDA DEPARTME! \$78.75 Filing Fee & Certificate of Status	NT OF STATE  \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy		

## **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.

Supply & Friend	s Inc.			
	rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)		
Delaware	3.	92-2456004		
	under the law of which it is incorporated)	(FEI number, if applicable)		
02/17/2023	5			
	of incorporation)	(Date of duration, if other than perpetual)		
02/01/2024				
390 NE 191st St S	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.156). TE 8144 Miami, FL 33179	Florida, if prior to registration) 02, F.S., to determine penalty liability)		
	(Principal offic	ce street address)		
	(Current mailing	g address, if different)		
. Name and stree	t address of Florida registered agent: (P.O	φ,		
Name:	Universal Registered Agents, Inc.	Section 1. Box NOT acceptable)		
Office Address:	1317 California Street			
	Tallahassee	, Florida 32304		
	(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.

(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.

□ Chairman	Batu Chandrasekaran Name:	☐ Chairman	Name:		
□Vice Chairman	Address: 620 Michigan Ave	□Vice Chairman	Address:		
□Director	Apt 6	□Director			
□President	Miami Beach	□President			
□Vice President	FL 33130	□Vice President			
Secretary	Treasurer	Secretary		☐Treasurer	
CEO CEO	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:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		☐ Director		<del>-</del> -	
□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					
	<b>9</b> ,				

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.

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SUPPLY & FRIENDS 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-FIRST DAY OF NOVEMBER, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUPPLY & FRIENDS INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2023.

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

Authentication: 204641608

Date: 11-21-23