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

TO: Registration Section Division of Corporations	
	rated
SUBJECT: Mastek, Incorpo Name of corporation - 1	nust include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," or "Certificate of Good Standir above referenced foreign corporation to transact business	ng" and check are submitted to register the
Please return all correspondence concerning this matter to	
May ur Gajendrago	d Kar, Vice President Finance
Mustek, Incorporat	403
Firth/Compa	inv
15601 Dallas Park	way Suite 250
Address	100 Jan 10 - 5
Addison, TX 2. City/State and Mayur, gajendra ga E-mail address: (to be used for	5001
City/State and	Zip code
Mayur, gai endra ac	dkar e mustek, com
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please cal	
Mario Albuerne at (305 Name of Person Area Code	798-4725
Name of Person Area Code	Daytime Telephone Number
ODDERWANDIEN ANDRESS.	MAILING ADDRESS:
STREET/COURIER ADDRESS: Registration Section	Registration Section
Division of Corporations	Division of Corporations
The Centre of Tallahassee	P.O. Box 6327
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL 32314
Enclosed is a check for the following amount:	NO 6747F
Please make check payable to: FLORIDA DEPARTMENT C \$\Boxed{\Boxesia} \ \$70.00 \ \text{Filing Fee} \Boxed{\Boxesia} \ \$78.75 \ \text{Filing Fee} \& \Boxed{\Boxesia}\$	S78.75 Filing Fee & TZ \$87.50 Filing Fee.
	Certified Copy Certified Copy Certified Copy 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address:

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 Name: Chairman Name: Chairman Address: Chairman Address: Chairman Address: Chairman Address: Chairman Address: Chairman Address: Chairman Chai	
Director Dother Dother Dother Dother Dother Director Director Director Director Director Dother Dother Dother Dother Dother Dother Dother Dother Director Dother Director	
Secretary	
Secretary	
Secretary	tar-
Secretary	Sulleas
□Chairman Name: □Vice Chairman Name: □Director □Director □Director □President □Vice President □Vice President □Secretary □Treasurer □Secretary □Treasurer □Other □Other □Other □Other □Vice Chairman Name: □Chairman Name: □Director □Director □Director □Director □Director □President □President □President	~1
□ Vice Chairman Address: □ Director □ Director □ President □ President □ Vice President □ Vice President □ Secretary □ Treasurer □ Other □ Other □ Chairman Name: □ Vice Chairman Address: □ Director □ Director □ President □ President	
□Director □President □Vice President □Secretary □Treasurer □Other □Othe	
□ President □ Vice President □ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer □ Other	
□Vice President □Secretary □Treasurer □Other □Other □Chairman Name: □Vice Chairman Address: □Director □Director □President □President	
□Secretary □Treasurer □Other □Other □Chairman Name: □Vice Chairman Address: □Director □Director □President □President	
□Other □Other □Other □Chairman Name: □Vice Chairman □Vice Chairman Address: □Vice Chairman □Director □Director □President □President	
□Chairman Name: □Vice Chairman Address: □Director □Director □President □President	
□ Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director □ President □ Pre	
☐ Director ☐ Director ☐ President ☐ President ☐ President ☐ ☐ Director ☐ ☐ ☐ Director ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
□ President □ President □ □ □ President □ President □ President □ □ □ President □ Pre	
□ Vice President □ Vic	· ······
□Secretary □Treasurer □Secretary □Treasurer	
□Other □Other □Other	<u></u>
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.	ed
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 the	that he co

(Typed or printed name and capacity of person signing application)



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

DELAWARE, DO HEREBY CERTIFY "MASTEK 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 EIGHTEENTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MASTEK INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2015.

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

Authentication: 203018805

Date: 03-18-24