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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJI	ECT: Infanction	Inc		
		f corporation - must	include suffix	
Dear S	ir or Madam.			
"Certif	closed "Application by Foreign Co icate of Existence," or "Certificate referenced foreign corporation to tr	of Good Standing" a	nd check are submitte	
Please	return all correspondence concernia	ng this matter to the	following:	
	Rashid Gar	bedeue la		
		Name of Person		
	Inframetic	Inc.		
		Firm/Company		
	1317 Edgement	- Dr. Svite	3803	
	0	Address		
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	rashide;	ntanetic. 10	re annual report notifi	aution)
	E-mail address	: (to be used for futt	re annual report notice	cationy
for fur	ther information concerning this m	atter, please call:		
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ler n	Skid Gybedewols Name of Person	Area Code	Daytime Telephone	Number
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDR Registration Section Division of Corport P.O. Box 6327 Tallahassee, FL 33	n rations
Please	ned is a check for the following amount of the check payable to: FLORIDA DI 0.00 Filing Fee S78.75 Filin Certificate of the check payable to the check payab	EPARTMENT OF ST g Fee & \$78.5		\$87.50 Filing Fee, Certificate of Status & 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. Tarzanetic I Inc.
(Futer 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) Decrease 3.

(State or country under the law of which it is incorporated)

(FEI number, if applicable) 2/5/2024 5. (Date of incorporation) (Date of duration, if other than perpetual) 4. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1317 Edgewater Dr., Svite 3803, Colando, FL 32804 (Principal office street address) 7. (Current mailing address, if different) S. 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.

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.

A. DIRECTORS				
(9Chairman	Name: Rastie Gorbadanola	□ Chairman	Name:	
"JVice Chairman	Address: 245 E 58 S Apt 7D	□ Vice Chairman	Address:	
□Director	Now York, NY 10022	□ Director		
□ President		□President	<del></del>	· · · · · · · · · · · · · · · · · · ·
LiVice President		C)Vice President		
USecretary	☐ Treasurer	E <sup>1</sup> Secretary		☐ Treasurer
_Other _	Other	<u>□</u> Other		□Other
* lCharman	Name:	E}Chairman	Name:	
	Address:	□Vice Chairman		
Director		□Director		
		□ President		
		□Vice President	·	
	☐Treasurer	Secretary		☐Treasurer
[JOther	[]Other	Other	<del></del>	□Other
Chairman	Name:	[] Chairman	Name:	
□ Vice Chairman	Address:	□Vice Chairman	Address:	
⊆Director		□ Director		
⊕ President		□President		
○Vice President		[]Vice President		
f_ Secretary	☐.Treasurer	Secretary		□Treasurer
COther	□Other	Other	<del></del>	Other
Important Notice:	Use an attachment to report more than six (6). The attended to the index when filing your Florida Departn	achment will be imag nent of State Annual F	ed for reporting p Report form.	ourposes only Non-indexed
12.	Toller	or Officer		
The officer or direction is aware that the sale of the	retor signing this document (and who is listed in numb lake information submitted in a document to the Depa	er 11 above) affirms	that the facts state	ed herein are true and that he o
13.	Raskie Gobadevala, CEO	Son signing application	on)	

Page 1



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

DELAWARE, DO HEREBY CERTIFY "INFRANETIC 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 MAY, A.D. 2024.



Authentication: 203519322

Date: 05-21-24