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(Re	questor's Name)			
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(Cit	y/State/Zip/Phon	e #)		
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(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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July 8, 2024

FRONCELLA WARE 2033 GATEWAY PLACE, STE 500 SAN JOSE, CA 95110 US

SUBJECT: PEOPLESHORES PBC Ref. Number: W24000099477

We have received your document for PEOPLESHORES PBC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 324A00014688

Ariel Jones Regulatory Specialist II

www.sunbiz.org

COVER LETTER

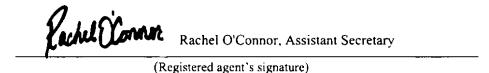
то:	Registration Section Division of Corporation	าร			
SUBJ	ECT:	PeopleS	Shores PBC		
	-	Name of corporation	n - must include suffix		
Dear S	Sir or Madam:				
"Certi	nclosed "Application by I ficate of Existence," or "C referenced foreign corpo	Certificate of Good Star	nding" and check are sub	act Business in Florida," omitted to register the	
Please	return all correspondenc	e concerning this matte	r to the following:		
		Froncella	a Ware		
		Name of	Person		
		PeopleSho	ores PBC		
		Firm/Con	прапу		
		2033 Gateway	y Place, Ste 500		
		Addr	ess		
		San Jose, CA	A 95110		
			and Zip code		
		Froncella.Ware@i	PeopleShores.com		
	E-ma	il address: (to be used	for future annual report	notification)	
For fu	ther information concern	ing this matter, please o	call:		
	Froncella Ware Name of Person	at (<u>720</u> Area Cod) <u>416-2584</u> le Daytime Telep		
	Name of reison	Area Cou	Daytime relep	none 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 C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please r	ed is a check for the follonake check payable to: FLC.00 Filing Fee	DRIDA DEPARTMENT	OF STATE □ \$78.75 Filing Fee & Certified Copy	 \$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.

1.	PeopleShores PBC, Corporation					
	(Enter name of c	corporation; must include "INCORI forp," "Inc," "Co," or "Corp.")	PORATED," "C	COMPANY," "CORPORATION,"		
	(If name unavail	able in Florida, enter alternate corp	orate name ado	pted for the purpose of transacting business in Flori	da)	
2.		Delaware	3.			
	(State or country	ry under the law of which it is incom	porated)	(FEI number, if applicable)		
4.		1/19/2017	5.			
	(Date	e of incorporation)		(Date of duration, if other than perpetual)		
6.	no transactions have taken place					
		(Date first transacted		orida, if prior to registration) F.S., to determine penalty liability)		
7.	5701 E Hillsborough Ave, Ste 2459, Tampa FL, 33610					
-			rincipal office s			
		2033 Gateway Pl	ace, Ste 500,	San Jose, CA 95110		
-	** . *	(Cı	rrent mailing ac	ldress, if different)		
8.	Name and street	et address of Florida registered a	agent: (P.O. B	ox <u>NOT</u> acceptable)	24 JU	SECF
	Name:	CT Corporation System		_		조유 - 역5
Of	fice Address:	1200 South Pine Island Road		_	24 JUL 17 PH	CCSP OF ALIONS
		Plantation		Florida <u>33324</u>	<u>ယ</u> ဟု	当 と と
		(City)		(Zip code)	57	ē.
Ha de:	iving been nam signated in this	application, I hereby accept th	e appointmen	of process for the above stated corporation at t t as registered agent and agree to act in this co	apacity.	ce . 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.



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.

DocuSign Envelope ID: 74227009-B739-4E12-9BF3-1BE09069E9FA

A. DIRECTORS

☑ Chairman	Name: Murali Vullaganti	□ Chairman	Name:	Vivek Mahadevan
□Vice Chairman	308 Porter Dr. Address: Clarksdale, MS 38614	□Vice Chairman	Address:	2033 Gateway Place, Ste 500, San Jose, CA 95110
Director		□Director		···
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	⊠ Secretary		☐Treasurer
Other	Other	□Other		□Other
□ Chairman	Name: Mohammed Amersi	□ Chairman	Name:	
□Vice Chairman	Address: 10 South Audley St, London	□Vice Chairman	Address:	2033 Gateway Place, Ste 500, San Jose, CA 95110
Director		Director		
□President		□President		
□Vice President		☐ Vice President	<u></u>	
Secretary	□Treasurer	Secretary		☐Treasurer
Other	Other	☑Other <u>COO</u>	<u> </u>	□Other
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address: _	
□Director		Director		
President		□President		
□Vice President		□Vice President	<u> </u>	
□Secretary	☐ Treasurer	☐ Secretary		☐ Treasurer
□Other	Other	Other		Other
individuals may be	Ise an attachment to report more than six (6). The atta added to the index when mingsylvand Prorida Departmental Willaganti	int of State Annual Re	l for reporti port form,	ng purposes only. Non-indexed
14.	Murali Wilaganti ASSETTOTE OF Director of Director of	or Officer		
The officer or direc	tor signing this document (and who is listed in numbe see information submitted in a document to the Depart	r 11 above) affirms the	at the facts s tes a third de	stated herein are true and that he or egree felony as provided for in
13	Murali V	ullaganti		
	(Typed or printed name and capacity of person	on signing application)		·



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "PEOPLESHORES PBC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE NINETEENTH DAY OF JANUARY, A.D. 2017, AT 3:43 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PEOPLESHORES PBC" WAS INCORPORATED ON THE NINETEENTH DAY OF JANUARY, A.D. 2017.

6289510 8315

Authentication: 203801570

Date: 06-26-24



Page 2

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

6289510 8315 SR# 20242991314 Authentication: 203801570

Date: 06-26-24