# F24000003925

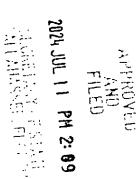
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(onpotatoralph none m					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
<b>*</b>					
Special Instructions to Filing Officer					
······································					

Office Use Only



000432875980

07/11/24--01009--009 \*\*78.75



Jul 2 4 2024 K. Brumble)

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SHRI	ECT: ISTEER INC						
Name of corporation - must include suffix							
Dear S	ir or Madam:						
"Certif	iclosed "Application by Foreign Corporation for Afficate of Existence," or "Certificate of Good Stangelerenced foreign corporation to transact business	ding" and check are submitted to register the					
Please	return all correspondence concerning this matter	to the following:					
ANTH	ONY MORALES						
	Name of I	Person					
MYUS.	ACORPORATION.COM						
	Firm/Com	pany					
1 RAD	ISSON PLAZA, SUITE 800						
	Addre	SS					
NEW F	ROCHELLE, NY 10801						
	City/State ar	nd Zip code					
INFO@	MYUSACORPORATION.COM						
	E-mail address: (to be used f	or future annual report notification)					
For fur	rther information concerning this matter. please c	all:					
ANTH	ANTHONY MORALES at (877 ) 330-2677  Name of Person Area Code Daytime Telephone Number						
	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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Please i	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT 0.00 Filing Fee  \$78.75 Filing Fee & Certificate of Status	OF STATE  ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,  Certified Copy Certificate of Status &  Certified Copy					

## SPECIAL AND REVOCABLE LIMITED POWER OF ATTORNEY

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., a Nevada corporation ("<u>Grantor</u>"), does hereby make and grant a limited and specific power of attorney to Anthony Morales and appoint and constitute said individual as its attorney-in-fact ("<u>Attorney-in-Fact</u>"). This Special and Revocable Limited Power of Attorney hereby revokes any and all former powers of attorney given by Grantor to Attorney-in-Fact.

Attorney-in-Fact shall have the limited power and authority to undertake, commit and perform only the following acts on Grantor's behalf to the same extent as if Grantor had done so personally, all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of Grantor, for entities which MyUSACorporation.com, a Wyoming corporation, has purchased resident agent service on or through their account with Grantor. After each exercise of such authority, Attorney-in-Fact shall notify Grantor of the same.

TERMINATION: Unless sooner revoked or terminated by Grantor, this Special and Revocable Limited Power of Attorney shall become NULL and VOID from and after December 31<sup>st</sup>, 2024.

Jan	Dated: January 9th 2024
Louise Breytenbach Chief Operating Officer	
STATE OF NEVADA ) ss	
COUNT OF CLARK )	

This Special and Revocable Limited Power of Attorney was acknowledged before me on January 9<sup>th</sup>, 2024, by Louise Breytenbach, as Chief Operating Officer of InCorp Services, Inc., a Nevada corporation.

Notary Public in the State of Nevada

My Commission Expires: June 10+2025



## 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.

Ili name unavai	lable in Florida, enter alternate corporate name add	anted for the nurnose of transacti	na husiness in Florida	
TEYAS	·		-	
2. (State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)		
00/00/0045				
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
6				
	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) . F.S., to determine penalty liabil	lity)	
<sub>7</sub> 5717 LEGACY	DRIVE, SUITE 250, OFFICE 2055, PLANO, T	X 75024		
·	(Principal office	street address)		
5717 LEGACY	DRIVE, SUITE 250, OFFICE 2055, PLANO, 7	TX 75024		
	(Current mailing a	ddress, if different)		
			202	
	(Current mailing a et address of Florida registered agent: (P.O. E INCORP SERVICES, INC.		2024 JUL 2024 JUL 2026 2.41 JUL	
8. Name and stre	et address of Florida registered agent: (P.O. E		2024 JUL 1-1 2024 JUL 1-1 2026 JUL 1-1	
8. Name and stre	et address of Florida registered agent: (P.O. EINCORP SERVICES, INC. 3458 LAKESHORE DRIVE	Box <u>NOT</u> acceptable) —	2024 JUL 1 1 PH	
8. Name and stre	et address of Florida registered agent: (P.O. EINCORP SERVICES, INC. 3458 LAKESHORE DRIVE		2024 JUL 1 1 PH 2: 6	
8. Name and <u>stre</u> Name; Office Address:	et address of Florida registered agent: (P.O. EINCORP SERVICES, INC.  3458 LAKESHORE DRIVE  TALLAHASSEE  (City)	Box <u>NOT</u> acceptable) —	PILED 2024 JUL 11 PH 2: 89 2024 JUL 16 PH 2: 89	
8. Name and stre Name: Office Address:  9. Registered ag Having been nam	et address of Florida registered agent: (P.O. E INCORP SERVICES, INC.  3458 LAKESHORE DRIVE  TALLAHASSEE  (City)  cent's acceptance: med as registered agent and to accept service	Box NOT acceptable)	ed corporation at the place	
8. Name and stre Name: Office Address:  9. Registered ag Having been nan designated in thi. further agree to d	et address of Florida registered agent: (P.O. E INCORP SERVICES, INC.  3458 LAKESHORE DRIVE  TALLAHASSEE  (City)  Tent's acceptance: med as registered agent and to accept service of application, I hereby accept the appointment comply with the provisions of all statutes relations.	Box NOT acceptable)  32312  (Zip code)  of process for the above state at as registered agent and agritive to the proper and comple	ed corporation at the place ree to act in this capacity.	
8. Name and stre Name: Office Address:  9. Registered ag Having been nan designated in thi. further agree to d	et address of Florida registered agent: (P.O. E INCORP SERVICES, INC.  3458 LAKESHORE DRIVE  TALLAHASSEE  (City)  Tent's acceptance: med as registered agent and to accept service is application, I hereby accept the appointment.	Box NOT acceptable)  32312  (Zip code)  of process for the above state at as registered agent and agritive to the proper and comple	ed corporation at the place ree to act in this capacity.	
8. Name and stre Name: Office Address:  9. Registered ag Having been nan designated in thi. further agree to d	et address of Florida registered agent: (P.O. E INCORP SERVICES, INC.  3458 LAKESHORE DRIVE  TALLAHASSEE  (City)  Tent's acceptance: med as registered agent and to accept service of application, I hereby accept the appointment comply with the provisions of all statutes relations.	Box NOT acceptable)  32312  (Zip code)  of process for the above state at as registered agent and agritive to the proper and comple	ed corporation at the place ree to act in this capacity.	

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.

A. DIRECTORS							
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	SAN JOSE, CA 95138	Director					
President		□Presidem					
□Vice President		□Vice President					
≅Secretary	☐ Treasurer	∃5ccretary		Treasurer			
□Other	Other	□Other		☐ Other			
□Chairman	Name: UMASHANKER KRISHNAMARAJU	□Chairman					
□Vice Chairman	Address	→ Vice Chairman	Address:				
Director	KLASIC BENCHMARK, HULLIMAVU	□Director					
□President	BENGALURU, KARNATAKA, INDIA 560076	□President					
■ Vice President		□Vice President					
□ Secretary	☐ Treasurer	2) Secretary		☐Treasurer			
□Other		DOther		Other			
□Charman	Name:	⊒Clusimun	Name:				
□Vice Chairman	Address.	□Vice Chairman	Address:				
□Director		□Director					
∃President		□President					
∃Vice President		□Vice President					
☐ Secretary	□Treasurer	□Secretary		☐ Treasurer			
□Other	L <sup>1</sup> 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. Signature of Director or Officer							

The officer or director signing this document (and who is fisted in number 11 above) affirms that the tacts 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 \$.817.155, F.S.

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



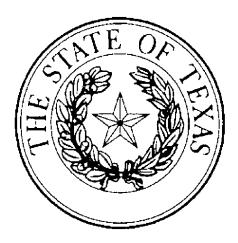
## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ISTEER INC (file number 802161627), a Domestic For-Profit Corporation, was filed in this office on February 23, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 24, 2024.



Jane Melson

Jane Nelson Secretary of State