# F24000004835

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Document Number)		
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
W24-127	937	

Office Use Only



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2024

CORP ACCESS

SUBJECT: STRATO-CLOUD.IO INC.

Ref. Number: W24000127937

We have received your document for STRATO-CLOUD.IO INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

www.sunbiz.org

Letter Number: 224A00020403

## CORPORATE ACCESS,

#### When you need ACCESS to the world

INC.

#### WALK IN

		PICK UP	P: JENA 9/11			
		CERTIFIED COPY				
	XX	РНОТОСОРУ				
		CUS				
	XX	FILING	INC			
1.		STRATO-CLOUD.IO INC.				
		(CORPORATE NAME AND DOCUMEN	NT#)			
2.			AVID (b)			
		(CORPORATE NAME AND DOCUMEN	(NT#)			
3.						
		(CORPORATE NAME AND DOCUMEN	NT #)			
4.						
		(CORPORATE NAME AND DOCUMEN	NT#)			
5.						
		(CORPORATE NAME AND DOCUMEN	NT#)			
6.						
		(CORPORATE NAME AND DOCUMEN	NT#)			
SPE	SPECIAL INSTRUCTIONS:					

#### **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations			
SUBJECT: Strato-Cloud.io Inc.			
	f corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Cor "Certificate of Existence," or "Certificate of above referenced foreign corporation to tra	of Good Standi	ng" and check are subn	
Please return all correspondence concernir	ng this matter to	the following:	
Thirumalesh Bhat			
	Name of Pe	erson	
Strato-Cloud.io Inc.			
	Firm/Comp	any	
24328 E Main Dr.			
	Addres	3	
Sammamish, WA 98074			
	City/State and	l Zip code	
bhatth2020@gmail.com			
E-mail address:	(to be used for	future annual report no	otification)
For further information concerning this ma	itter, please cal	l:	
Thirumalesh Bhat	206 at (	960-9054	
Name of Person	Area Code	Daytime Teleph	one 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	
Enclosed is a check for the following amo Please make check payable to: FLORIDA DE  \$70.00 Filing Fee	PARTMENT ( g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status &

### 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.

46				
Dolowara	able in Florida, enter alternate corporate name add			
2. (State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
0 . 1 5 30	21			
4(Date	of incorporation)	(Date of duration, if other than perpetual)		
6.				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ., Sammamish, WA 98074	lorida, if prior to registration) 2. F.S., to determine penalty liabil	ity)	
/	(Principal office	street address)	···	
	•			
	(Current mailing a	address, if different)		
	et address of Florida registered agent: (P.O. I Registered Agent Solutions, Inc.	Box <u>NOT</u> acceptable)	2024 SEP	
Name:		<del>_</del>	る。日報	
Name: Office Address:	2894 Remington Green Ln., Ste. A	<del>_</del>		
		— , Florida 32308	ල කිරීම දිර ජූ දුරු	
Name: Office Address:		Florida 32308 (Zip code)	PA 3: 51	

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	•				
☐ Chairman	Name: Thirumalesh Bhat	□ Chairman	Name: Dean E	frati	
□Vice Chairman	Address: c/o Strato-Cloud.io Inc.	□Vice Chairman	Address: c/o S	Strato-Cloud.io Inc.	
Director	24328 E Main Dr.	Director	24328 E Main	Dr	
President	Sammamish, WA 98074	□President	Sammamish, V	WA 98074	
□Vice President		□Vice President			
■ Secretary	□Treasurer	☐ Secretary		■Treasurer	
Other Chief Exc	cutive Officer Other	Chief Fin <b>■</b> Other	nancial Officer	Chief Technology Off  Other	
□Chairman	Name:	□Chairman	Name:	<u> </u>	
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President	<u>-</u>		
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary		□Treasurer	
Other	Other	Other	<del></del>	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	<del></del>	□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.   The individuals blad   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 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.

, Thirumalesh Bhat. President and Chief Executive Officer



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

DELAWARE, DO HEREBY CERTIFY "STRATO-CLOUD.IO 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 TENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STRATO-CLOUD.IO INC." WAS INCORPORATED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2024.

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



Authentication: 204358595

Date: 09-10-24

4863689 8300 SR# 20243650971