# F24000006330

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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500439545805 S. CHATHAM ر مريزي <mark>ر مين مريزي المريد ا</mark>

#### **COVER LETTER**

TO:	Registration Secti Division of Corpe					
SUBJ	FCT·	FI	LENTIS COF	RPORATION		
3013	<u></u>	Name of	corporation	- must include suffix		
Dear S	ir or Madam:					
"Certi		or "Certificate of	Good Stan	Authorization to Transact ding" and check are subn ss in Florida.		
Please	return all correspor	idence concerning	this matter	to the following:		
			ASEEM AN	AND		
			Name of I	Person	· · · · · · · · · · · · · · · · · · ·	
		FLEN	STIS CORPO	PRATION		
			Firm/Com	pany	110	
		3523, 45TH ST	REET SOUT	TH, SUITE-100		
			Addre	SS		
		F.	ARGO, ND.	58104		
		(	City/State ar	nd Zip code		
		KHUSHE	₩@OPUSIN	FO.COM		
		E-mail address: (	to be used fo	or future annual report no	otification)	
For fu	rther information co	ncerning this matt	ter, please c	all:		
KHUSHBU RANKA		(	905-232-2302			
	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		
Please	sed is a check for the make check payable t 0.00 Filing Fec		ARTMENT	OF STATE I \$78.75 Filing Fee & Certified Copy	S87.50 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.

١.	FLENTIS CORPORATION  (Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION,"  "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")								
	(If name unavails	able in Florida, enter alternate corporate na	ne ad	lopted for the purpose of transacting	g busines	s in Flo	orida)		
?.	NORTH DAKOTA  (State or country under the law of which it is incorporated)			3 61-1834604					
				(FEI number, if applicable)					
4.	FEB-23-2017		5.						
٠.	(Date of incorporation)			(Date of duration, if other than perpetual)					
6.	11/06/2024								
				Florida, if prior to registration) 2, F.S., to determine penalty liabilit	Ņ.		<del></del>		
7		3523, 45TH STREET SOU	TH. S	SUITE-100, FEARGO, ND, 58104.					
٠.		(Principal)	oftice	street address)					
				, SUITE-100, FARGO,ND.58104.	C)	20			
		(Current ma	iling	address, if different)	CRETZ PALLA	2024 NOV 13			
8.	Name and street	et address of Florida registered agent: (	P.O.	Box <u>NOT</u> acceptable)	TARY	$\overline{\omega}$	in attain		
	Name:	INCORP SERVICES, INC.			Sals Salo,	PH			
0	ffice Address:	3458 LAKESHORE DRIVE.			PAI.	PH 12: 20			
		TALLAHASSEE		, Florida	in c	0			
		(City)		(Zip code)					

#### 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.

Heather Glenn on behalf of InCorp Services, Inc.
(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.

A. DIRECTORS	ASEEM ANAND			
<b>□</b> Chairman	Name: ASEEM ANAND 3523, 45TH STREET SOUTH	□Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
Director	SUITE-100. FARGO,ND-58104.	□Director	-	
□President		□President		
□Vice President		□ Vice President		
□ Secretary	☐ Freasurer	☐ Secretary		☐Treasurer
□Other	Other	□Other		□Other
□Chairman	RAKESH ARORA	□Chairman	Name:	
□Vice Chairman	3523, 45H STREET SOUTH	□Vice Chairman		
Director	SUITE-100,FARGO.ND-58104.	Director		
■ President		□President		
□Vice President		□Vice President		
☐ Secretary	□ Treusurer	Secretary		□Treasurer
[]Other	Other	⊡Other	<del></del>	□Other
Digitiman	Nume:	□Chairman	Name	
2777	A. Library			
The Continue of the Continue o	Address:	□ Director		
	ky.	□President		
THE STORY	<u>}                                    </u>			
inside President		□Vice President _		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	□Other		□Other
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Harida Depar	rtment of State Annual Re	port form.	
12	Signat Direct	or of Officer		
The officer or direction is aware that fit s.817.155, F.S.	ctor signing this document (and Abo is listed in no also information submitted in a document to the De	mber 11 above raffirms th	iat the facts st	ated herein are true and that he or
13ASI	EEM ANAND	<del></del>		<del></del> .

### State of North Dakota SECRETARY OF STATE



## Certificate of Good Standing of FLENTIS CORPORATION

SOS Control ID#: 0000159659

Certificate #: 025812728-1

The undersigned, as Secretary of State of the state of North Dakota, hereby certifies that, according to the records of this office,

#### FLENTIS CORPORATION

a Corporation - Business - Domestic was formed under the laws of NORTH DAKOTA and filed with this office effective February 23, 2017. This entity has, as of the date set forth below, complied with all applicable North Dakota laws.

**ACCORDINGLY**, the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing.

**DATE:** August 28, 2024

Michael Howe Secretary of State

Michael House