From: James Tanks

Division of Corporations



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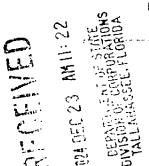
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: monica.lee@dealcloser.com



## FOREIGN PROFIT/NONPROFIT CORPORATION DEALCLOSER USA, INC.

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## 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.

DEALCLOSER	USA, INC.			
(Enter name of c	orporation: must include "INCORPORATED." orp." "Inc." "Co," or "Corp.")	"COMPA?	NY." "CORPORATION."	
(If name unavaila	able in Florida, enter alternate corporate name ac	lopted for t	he purpose of transacting b	ousiness in Florida)
DELAWARE	3,			
(State or countr	3y under the law of which it is incorporated)		(FEI number, if applie	cable)
05/01/2023	5.			
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
· · · · · · · · · · · · · · · · · · ·				
	(Date first transacted business in (SEE SECTIONS 607.150) & 607.150	Florida if p	erior to registration)	
	USTE 10024, DOVER DE 19901	2. 1 (0)	acternite penany montey?	
	(Principal office	street add	troce)	
	(, me i, me i	. <u>717 (                                 </u>		
	(Current mailing	address, if	different)	<del></del>
				2
Name and stree	t address of Florida registered agent: (P.O.	Box <u>NO</u> T	<u>C</u> acceptable)	J 1-7 P
Name:	C T Corporation System			ŽUZ4 DEC
	1200 South Pine Island Road			23
Iffice Address:				<u> </u>
	Plantation	 	33324	
	(City)		(Zip code)	37
	ent's acceptance:			_
	ed as registered agent and to accept service application. I hereby accept the appointme			
	omply with the provisions of all statutes rel			
	with and accept the obligations of my posi-			
	C T Corporation System, Leslie Martin, a	Vsst. Secret	ary	
ī	Зу:		A fried	
L	•	nature)	<u> </u>	•
	(Registered agent's sign certificate of existence duly authenticated, n State, by the Secretary of State or other offi	ot more th		

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

under the law of which it is incorporated.

A. DIRECTORS			Mike O'Connor	
⊡Choirman		□Chairman	Name: Mike O'Connor Same:	
□Vice Chairman	Address:	□ Vice Chairman	Address: 8 THE GREEN SUIT	1, (110,24
Director	DOVER DE 1990]	Director	DOVER DE 19901	
□President		CPresident		
□Vice President		□Vice President		
□ Secretary	□Treasurer	☐ Secretary	□Treasurer	
⊞Other	Other	ŒOther	Other	
⊒Chairman	William Glenn Name:	□Chairman	Name: Erik Baklid	
	8 THE GREEN SUITE 10024 Address:	□Vice Chairman	8 THE GREEN SHIT	
	DOVER DE 19901		DOVER DE 19901	
■Director		⊡Ducctor		
□President 		□President		
		□Vice President		
∃Secretary	□Treasurer	☐ Secretary	□ Freasurer	
□Other	□Other	□Other		
□Chairman	Name: Cary Burch	□Chairman	Name:	
□Vice Chairman	Address: 8 THE GREEN SUITE 10024	□Vice Chairman	Address:	
Director	DOVER DE 19901	□Durector		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary	☐Treasurer	
□Other	C)thei	(I)Other	□Other	
indix idip <del>ils snayete</del>	Use an attachment to report more than six (6). The yadded to the index when filing your Florida Deparatived.  Signature of Direct	rtment of State Annual Re	port form	
e (Coore	Signature of Direc	tor or Officer		

(Typed or printed name and capacity of person signing application)

Jag Dhariwal

CEO



Page 1

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

DELAWARE, DO HEREBY CERTIFY "DEALCLOSER USA, 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 NINETEENTH DAY OF DECEMBER, A.D.

2024.

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

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

Authentication: 205189187

Date: 12-19-24