F2500000 5538

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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907 0 2 3925 K. Brumbley



Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 10/02/25 Order #: 4458038-1 Re: Nationgraph Inc.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

120000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

W. Brown

COVER LETTER

то:	Registration Section Division of Corpor					
SHRI	ECT:	NATIO	√GRAPH I	NC.		
		Name of corpora	tion - mus	t include suffix		
Dear S	ir or Madam:					
"Certif	ficate of Existence,"	by Foreign Corporation or "Certificate of Good 9 orporation to transact but	Standing	and check are subi		
Please	return all correspon	dence concerning this ma	itter to the	following:		
Mary I	arente					
		Name	of Persor	l		
Lowen	stein Sandler					
4		Firm/0	Company			
One Le	owenstein Drive					
		Α	ddress			
Rosela	nd NJ 07068					
		City/Sta	te and Zip	code		
		E-mail address: (to be us	ed for futi	ire annual report n	otification)	
For fu	rther information co	ncerning this matter, plea	se call:			
Mary Parente at (at (92	6-2255		
	Name of Person	Area (Code	6-2255 Daytime Teleph	none 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		following amount: : FLORIDA DEPARTMI] \$78.75 Filing Fee & Certificate of Status	□ \$78.	FATE 75 Filing Fee & ified 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.

NATIONGRAPH INC.					
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N."		
(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transactir	ng business in Florida)		
Defaware	3.				
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)		
May 24, 2024	5.				
(Date	of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 et, Miami, Florida 33137		ity)		
	(SEE SECTIONS 607,1501 & 607,15 et, Miami, Florida 33137		ity)		
· _ · · · · · · · · · · · · · · · · · ·	(SEE SECTIONS 607.1501 & 607.15 et, Miami, Florida 33137 (Principal office)	02, F.S., to determine penalty liabil			
600 NE 36th Stre	(SEE SECTIONS 607.1501 & 607.15 et, Miami, Florida 33137 (Principal offic (Current mailin et address of Florida registered agent: (P.O.	02, F.S., to determine penalty liabil ce street address) g address, if different)	2025 OCT -		
600 NE 36th Stre	(SEE SECTIONS 607.1501 & 607.15 et, Miami, Florida 33137 (Principal offic (Current mailin et address of Florida registered agent: (P.O Corporation Service Company	02, F.S., to determine penalty liabil ce street address) g address, if different)	2025 OCT - 2		
. Name and street	(SEE SECTIONS 607.1501 & 607.15 et, Miami, Florida 33137 (Principal offic (Current mailin et address of Florida registered agent: (P.O.	02, F.S., to determine penalty liabil ce street address) g address, if different)	2025 OCT - 2 PH		
600 NE 36th Stre	(SEE SECTIONS 607.1501 & 607.15 et, Miami, Florida 33137 (Principal office (Current mailing) et address of Florida registered agent: (P.O. Corporation Service Company) 1201 Hays Street	02, F.S., to determine penalty liabil ce street address) g address, if different)	2025 OCT - 2		

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.

Corporation Service Company

By:

(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.

Docusign Envelope ID: B16296E2-DEE0-4448-A719-46C8CADB2523

A. DIRECTORS	•							
□Chairman _.	Kimia Hamidi Name:	□Chairman	Name: Yi-Cheng Ding Name: 600 NE 36th Street Address:					
. Uvice Chairman	Address: 600 NE 36th Street	□ Vice Chairman						
□Director	Miami, Florida 33137	Director	Miami, Florida 33137					
□President		□President						
□Vice President		□Vice President						
□Secretary	□Treasurer	☐ Secretary	□Treasurer					
CEO	□Other	□Other	Other					
□Chairman	Name: Croom Beatty	□Chairman	Name: Ross Fubini					
□Vice Chairman	Address: 600 NE 36th Street	□ Vice Chairman	Address:					
■Director	Miami, Florida 33137	Director	Miami, Florida 33137					
□President		□President						
□Vice President		□Vice President						
□Secretary	□Treasurer	☐ Secretary	□Treasurer					
□Other	Other	□Other	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	Other					
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals make added to the index when filing your Florida Department of State Annual Report form.								
12. kimia kamidi csocssessics48. 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.								
13. Kimia Hamidi, CEO								
(Typed or printed name and capacity of person signing application)								



I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "NATIONGRAPH 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 FIRST DAY OF OCTOBER, A.D. 2025.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONGRAPH INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2024.

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

Charuni Patibanda-Sanchez, Secretary of State

C. G. Sanchez

Authentication: 204917506

Date: 10-01-25