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SECRETARY OF STATE

APPROVED AND FILED

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: September 27, 2022	ACCOUNT#. 120000000000
Name: James Brodbeck	
Reference #:	
Entity Name: HINDUJA GLOBAL SOLUTIONS, LLC	
✓ Articles of Incorporation/Authorization to Transact Busine	ss
☐ Amendment	
☐ Change of Agent	
Reinstatement	
☐ Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
Authorized Amount: \$125.00	
Signature: A L	

+1.212.947.7200

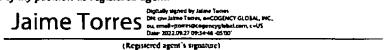
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605/0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.		HINDUJA GLOBA	L SOLUTIONS	, LLC				
. <u>-</u>	(Name of Foreign Lin	nited Liability Company; must include "Li	imited Liability Compan	y.""L L C ."	or"LLC.")		_	
(If name una	ovailable, enter alternate name	adopted for the purpose of transacting business (	m Florida. The alternate nam	e must include "	Lumicd Lubility Com	pany." "L.L.C." o	# "LLC "	•
2		elaware	3,		(FEI number, if appli			
(Jerisa	liction under the law of which	forcign ferried liability company is organized)			tFEI number, if appli	cable)		
4		Date Fest transacted business in Florida, if pri	riot so maneration					
			etermine penalty hability)					
5	4933 Lincoln Avenue		6		Lincoln Ave	nue		
	(Street Address of Prins	ipal Office)		(1	failing Address)			
Lisle, IL 60532		60532	<del></del>	Lis	sle, IL 60532	<u> </u>		
						正兴	202	
7. Name	e and <u>street address</u> o	of Florida registered agent: (P.O. I	Box NOT acceptab	le)		NSTITUTE OF THE PARTY OF THE PA	1 SEP 27	FE
	Name: _	COGENCY GLOBA	AL INC.				AH II:	D
	Office Address: _	115 North Calhoun St	t. Suite 4				1:47	
		Tallahassee		Florida	32301			
	_	(C'ay)	·		(Zip code)			

## Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.



manage (up to six (6	4	es, list names, title or capacity and	a dedicases of the primary in	embers me	magers or persons administrate to	
Title or Capacity:		Name and Address:	Title or Capacity:		Name and Address:	
<b>≭</b> Manager	Name:	Narasimha Murthy	🛛 Manager	Name:	Mr. David Buss	
Member	Address:	4933 Lincoln Avenue	Member	Address:	4933 Lincoln Avenue	
Authorized		Lisle, IL 60532	Authorized		Lisle, IL 60532	
Person			Person		·	
⊠Other_Presid	ent	Other	)Other		Other	
⊠Manager	Name:	Ms. Bhumika Batra	<b>⊠</b> ] Manager	Name:	Mr. Partha DeSarkar	
Member		4933 Lincoln Avenue			4933 Lincoln Avenue	
Authorized		Lisle, IL 60532	— Authorized		Lisle, IL 60532	
Person			Person			
Other		Other	Other	<del></del>	Other	
× Manager	Name:	Mr. Srinivas Palakodeti	Manager	Name:		
Member		4933 Lincoln Avenue	∐ Member			
Authorized		Lisle, IL 60532	Authorized			
Person			Person			
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 may be added to the index when filing your Florida Department of State Annual Report form.  9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)  10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any 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.						
Signature of an authorized person						
NARASIMHA MURTHY						

Typed or printed name of signee

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "HINDUJA GLOBAL SOLUTIONS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HINDUJA GLOBAL SOLUTIONS, LLC" WAS FORMED ON THE THIRTIETH DAY OF JUNE, A.D. 2000.

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



Jeffrey W Bullock, Secretary of State

Authentication: 204488164