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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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

<:Email Address:__

FOREIGN PROFIT/NONPROFIT CORPORATION DATA TREO SOLUTIONS INC

Certificate of Status	0
Certified Copy	0
Page Count	04
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7/5/2024 08:08:48 PDT] , To: 18506176383 Page: 2/4 Fax: 8134365206

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.

1. (Enter name of e "Inc.," "Co.," "C	corporation; must include "INCORPORATED," "Corp.," "Inc.," "Co.," or "Corp.,")	COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Flo	rida)	
GA	3			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
04/22/2014	5			
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
6.				
·	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502)			
7 36526 FLATS ST	REET ZEPHYRHILLS FL 33541			
·	(Principal office s	treet address)		
36526 FLATS ST	REET ZEPHYRHILLS FL 33541			
8 Name and stree	(Current mailing act address of Florida registered agent: (P.O. B	idress, if different)	24 JUL	SECRI SECRI
Name:	Registered Agents Inc		8	OF CO
Office Address:	7901 4th St N STE 300			REGRA
	St. Petersburg			31.5
	(City)	(Zip code)		ξ'n.
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relatives with and accept the obligations of my position.	t as registered agent and agree to act in this live to the proper and complete performance	сарас	rity. T
_	(Registered agent's signa	ture)		

^{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.

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Fax: 8134365206

A. DIRECTORS					
□Chairman	Name: KANCHANAM, SUDHAKAR	□ Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
⊠Director	36526 FLATS STREET	□Director			
☑President	ZEPHYRHILLS FL 33541	□ President			
□Vice President		□ Vice President			
© Secretary	☑ Treasurer	□ Secretary	☐Treasurer		
□Other	Other	□Other	Other		
□Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
□Director		\(\textit{Director}\)			
□President		□ President			
□Vice President		□ Vice President			
□Secretary	□Treasurer	□ Secretary	□Treasurer		
□Other	□Othet	□Other	□Other		
□Chairman	Name:	□Chairman	Name:		
LiVice 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 may be added to the index when filing your Florida Department of State Annual Report form. 12. 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					

s.817.155, F.S.

Control Number: 14044016

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Data Treo Solutions Inc a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27737929 Date Inc/Auth/Filed: 04/22/2014 Jurisdiction : Georgia Print Date : 07/03/2024

Form Number : 211



Brad Raffangerger

Brad Raffensperger Secretary of State