F2500000016

(Requestor's Name) (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
i
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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T. LEMIEUX

COVER LETTER

TO: Registration Sec Division of Cor			
SUBJECT: Velou I	nc.	_	
	Name of corporation	- must include suffix	
Dear Sir or Madam:			
"Certificate of Existence	ion by Foreign Corporation for A e," or "Certificate of Good Stand n corporation to transact busines	ling" and check are subn	
Please return all corresp	ondence concerning this matter	to the following:	
Harbor Compliance			
	Name of F	Person	
	Firm/Comp	pany	
1830 Colonial Village	Lane		
	Addres	ss	
Lancaster, PA 17601			
	City/State an	d Zip code	·
bcalix@harborcompli			
	E-mail address: (to be used for	or future annual report no	otification)
For further information	concerning this matter, please ca	all;	
Brad C	at (717	_) <u>210-5263</u>	
Name of Perso	n Area Code	Daytime Teleph	one Number
Registration Sec Division of Cor The Centre of T	porations Callahassee e Street, Suite 810	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclosed is a check for Please make check payabl \$70.00 Filing Fee	e to: FLORIDA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified 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.

	(FEI number, if applicable	,
5		
fincorporation)	(Date of duration, if other than per	petual)
		53.5
		2 21 2 2 1 (23) (-2)
17		C) (1)
` .	street address)	
New York, NY 10011		ုပ္
(Current maning a	iduress. If different/	
address of Florida registered agent; (P.O. I	Box NOT acceptable)	
Registered Agents Inc	<u></u>	
7901 4th St N STE 300	_	
St. Petersburg	, Florida 33702	
(City)	(Zip code)	
-	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 F17 (Principal office 10011 (Current mailing a address of Florida registered agent: (P.O. I Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City)	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) F17 (Principal office street address) 10011 (Current mailing address, if different) address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc 7901 4th St N STE 300 St. Petersburg Florida 33702

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 Name: Sadeesha Gamhewa Name: Sadeesha Gamhewa □ Chairman □ Chairman Address: __33 W 17th St FI 7 33 W 17th St FI 7 Address: □Vice Chairman ☐ Vice Chairman New York, NY 10011 New York, NY 10011 ☑ Director □ Director **∠**President □President □Vice President _____ □Vice President ☐ Treasurer ☐ Secretary Treasurer ☐ Secretary □Other _____ □Other _____ □Other _____ □Other _____ Name: Sadeesha Gamhewa ☑ Chairman □Chairman Name: 33 W 17th St Fl 7 Address: _ □ Vice Chairman Address: ☐ Vice Chairman New York, NY 10011 Director Director □President ☐ President □Vice President □ Vice President ☐ Treasurer □ Secretary Treasurer ☐ Secretary □Other ___ □Other _____ ☐Other _____ □Other ____ □ Chairman ☐ Chairman Name: _____ Name: □Vice Chairman Address: _____ ☐ Vice Chairman Address: ☐ Director □ Director □ President □ President ☐Vice President □Vice President __ □ Treasurer ☐ Secretary ☐Treasurer □ Secretary □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. /s/ Sadeesha Gamhewa 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. Sadeesha Gamhewa

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VELOU 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 EIGHTEENTH DAY OF NOVEMBER, 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 SAID "VELOU INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2018.

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

at corn delaware gov/auti

Authentication: 204894810

Date: 11-18-24

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