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JAN 02 2025

COVER LETTER

	gistration Section vision of Corporations				
SUBJEC	r: Sesh Products	JS, Inc.			
			must include suffix		
Dear Sir or	Madam:				
"Certificate	ed "Application by Foreign Co e of Existence," or "Certificate renced foreign corporation to t	of Good Stand	ng" and check are sub-		
Please retu	rn all correspondence concern	ing this matter t	o the following:		
Radik	Abramov				
		Name of P	erson		
Sesh F	Products US, Inc.				
		Firm/Comp	any		
2901 5	S 1st Street				
		Addres	s		
Austin	, TX 78704				
		City/State and	l Zip code		
radik@	seshproducts.com		<u>.</u>		
	E-mail addres	s: (to be used fo	r future annual report n	otification)	
For further	information concerning this n	natter, please ca	II:		
Harmony Bolte 21,678			, 613-2131		
	ame of Person	Area Code	Daytime Telepl	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	s a check for the following ame check payable to: FLORIDA D Filing Fee	EPARTMENT (ng Fee &	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.

(If name unavaila	ible in Florida, enter alternate corporate name	adopted for the purpose of transaction	ng business in Florida)		
Delaware		30-1290511			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
10/01/202	21				
(Date of incorporation)		(Date of duration, if other than perpetual)			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502 F.S. to determine penalty liabil	litel		
2901 S 1st	Street, Austin, TX 78704	202, 1.0,, to determine penalty mion	,		
		ice street address)			
	(Current mailir	ng address, if different)	- 55 ,		
			₽.		
Name and stree	<u>et address</u> of Florida registered agent: (P.C	O. Box NOT acceptable)			
Name:	Registered Agents Inc	- 	<u> </u>		
Tice Address:	7901 4th St N STE 300		့ ယ္ - 		
	St. Petersburg	, Florida 33702			
	(City)	(Zip code)			
iving been nam signated in this	ent's acceptance: ed as registered agent and to accept serve application, I hereby accept the appoint omply with the provisions of all statutes i	ment as registered agent and agr	ree to act in this capac		

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS							
Chairman	Name: Maxwell Cunningham	□ Chairman	Name:				
□Vice Chairman	Address: 2901 S 1st Street	□Vice Chairman	Address:				
□Director	Austin	□Director					
□President	TX	□President					
□Vice President	78704	□Vice President					
☐ Secretary	□Treasurer	☐Secretary		lTreasurer			
Other <u>CFO</u>		□Other		10ther			
□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			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary	E]Treasurer			
□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							
Th	-		or the Constitution	and a name take a second above by the			
and officer or direct	ctor signing this document (and who is listed in number	i i above) attims th	at the facts stated he	rem are true and that he or			

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 of 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.

, Maxwell Cunningham, CEO

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SESH PRODUCTS US, 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 "SESH PRODUCTS"
US, INC." WAS INCORPORATED ON THE FIRST DAY OF OCTOBER, A.D. 2021.

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

Authentication: 204900227

Date: 11-18-24

6276534 8300

SR# 20244242328