## F25000000/83

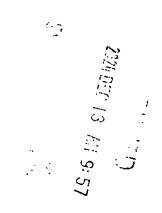
<del></del>	(Requestor's Name)
<del>~</del>	(Address)
	(Address)
-t-,	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	- <del></del>

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T. LEMIEUX JAN 10 2025

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: ShareG Inc.				
3000LC1.	Name of corporatio	n - mus	t include suffix	
Dear Sir or Madam:				
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corporat	rtificate of Good Sta	nding	and check are subi	
Please return all correspondence o	concerning this matte	er to the	following:	
Karen Hyde				
	Name of	f Person	. <u> </u>	
The Commpliance Group				
	Firm/Cor	mpany		
1430 Spring Hill Rd. Ste. 315				
	Add	ress		
McLean, VA 22012				
	City/State	and Zip	code	
kmh@commpliancegroup.com				
E-mail	address: (to be used	for futu	ire annual report n	otification)
For further information concerning	g this matter, please	call:		
Karen Hyde	703	71-	-1306 Daytime Teleph	
Name of Person	Area Co	de —	Daytime Telepl	none Number
STREET/COURIER AI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	<u>:</u>		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee. F	ection orporations
	RIDA DEPARTMEN	□ <b>\$7</b> 8.1	FATE 75 Filing Fee & ified Copy	S87.50 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.

Delaware		adopted for the purpose of transact	ing business in Florida)
	y under the law of which it is incorporated) 3.		<u> </u>
	y under the law of which it is incorporated)	(FEI number, if a	applicable)
11/26/2014	of incorporation) 5.		
(Date	of incorporation)	(Date of duration, if othe	r than perpetual)
207 Delaware A	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 ve. #3034 Wilmington, DE 19806	n Florida, if prior to registration) 502, F.S., to determine penalty liab	ility)
	(Current mailin	ice street address)	
	( <del></del>	ng address, it different)	
Name and stree	et address of Florida registered agent: (P.C Cogency Global, Inc.		2221
Name:	et address of Florida registered agent: (P.C Cogency Global, Inc.	D. Box <u>NOT</u> acceptable)	2324 D.C
Name:	et address of Florida registered agent: (P.C Cogency Global, Inc.	D. Box <u>NOT</u> acceptable)	5. 3. 9. 13 15. g
	et address of Florida registered agent: (P.C Cogency Global, Inc.		6 17 EL 2.0162

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 Suruchi Gupta □ Chairman □ Chairman Name: \_\_\_\_\_\_\_ Address: 3510 Moorpark Ave. #A225 □Vice Chairman □Vice Chairman Address: San Jose, CA 95117 □Director □ Director ■ President □President □ Vice President ☐ Vice President ■ Secretary ■ Treasurer ☐ Secretary □Treasurer ■Other CEO □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 \_\_\_\_\_ Name: \_\_\_\_ □ Chairman ☐ 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 may be added to the index when filing your Florida Department of State Annual Report form. 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. Suruchi Gupta, CEO



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

DELAWARE, DO HEREBY CERTIFY "SHAREG, 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 FIFTH DAY OF DECEMBER, 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 "SHAREG, INC."

WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2014.

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

Authentication: 205047895

Date: 12-05-24