## F25000000247

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## **COVER LETTER**

,	gistration Section vision of Corporations			
SUBJECT	KRSP (USA) CORP.			
		of corporation	- must include suffix	1 - 57-
Dear Sir or	Madam:			
"Certificate	ed "Application by Foreign Co e of Existence," or "Certificate enced foreign corporation to tr	of Good Stand	ding" and check are sub	ct Business in Florida," mitted to register the
Please retui	rn all correspondence concerni	ng this matter	to the following:	
PARUL VA	ATS .		_	•
		Name of I	Person	· ·
KRSP (USA	A) CORP.			
		Firm/Com	pany	<del></del>
1430 BROA	ADWAY RM 1206			
		Addre	SS	<del></del>
NEW YOR	K, NY 10018			
		City/State ar	ıd Zip code	
parul.vats@	artionis.com			
	E-mail address	: (to be used fo	or future annual report r	notification)
For further	information concerning this m	atter, please ea	all:	
PARUL VA	.TS	at ( <u></u>	_) 388-5848 Daytime Telep	
Na	me of Person	Area Code	Daytime Telep	hone Number
Reg Div The 241	REET/COURIER ADDRESS gistration Section vision of Corporations e Centre of Tallahassee 5 N. Monroe Street, Suite 810 lahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is Please make	a check for the following amo check payable to: FLORIDA DE ling Fee	EPARTMENT g 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.

(Enter name of	corporation; must include "INCORPORATED," 'Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"				
	ουτρ, πιε, σοι οι σοιμ. )					
(If name unava	lable in Florida, enter alternate corporate name ad-	opted for the purpose of transacting business in Florida)				
DELAWADE	LAWARE 61-1937977					
(State or coun	3. try under the law of which it is incorporated)	(FEI number, if applicable)				
4	5.	(Date of duration, if other than perpetual)				
(Dai	e of incorporation)	(Date of duration, if other than perpetual)				
6. 12/10/2024						
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502)	lorida, if prior to registration)				
7 1430 BROADW	AY RM 1206, NEW YORK, NY 10018	, and the second of the second				
,	(Principal office	street address)				
<u> </u>						
	(Current mailing	address, if different)				
8. Name and stre	eet address of Florida registered agent: (P.O. 1	Box NOT acceptable)				
Name:	Registered Agents Inc.	,				
Office Address:	7901 4th Street N. Ste 300	<del>_</del>				
	St. Petersburg	, Florida				
	(City)	(Zip code)				
9. Registered as	gent's acceptance:					
Having been na	ned as registered agent and to accept service	of process for the above stated corporation at the place				
aesignated in thi further agree to	s appucation, I hereby accept the appointme comply with the provisions of all statutes rela	nt as registered agent and agree to act in this capacity. I ative to the proper and complete performance of my duties,				
	er with and accept the obligations of my posit					

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				
□Chairman	PARUL VATS Name:	□ Chairman	Name:MALIEKKAL PAUL JOHN	
□Vice Chairman	Vice Chairman Address: 1430 BROADWAY RM 1206		Address: 1430 BROADWAY RM 1206	
□Director	NEW YORK, NY 10018	□Director	NEW YORK, NY 10018	
□President		■ President		
Vice President		□ Vice President		
☐Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	Other	□Other	□Other	
□Chairman	Name:	□Chairman	Name:	
∃Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director		□Director		
∃President		□President		
3Vice President		□Vice President		
☐Secretary	□Treasurer	Secretary	□Treasurer	
□Other	Other	□Other	Other	
∃Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
Director		□Director		
3President		□President		
∃Vice President		□Vice President	·	
Secretary.	Treasurer	☐ Secretary	☐ Treasurer	
□Other	Other	□Other	Other	
ndividuals may be	Use an attachment to report more than six (6). The e added to the index when filing your Florida Department of the state o			
12	Parul Vata Signature of Direct	ctor or Officer		

CANADA MEN

PARUL VATS, VICE PRESIDENT

Page 1



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

DELAWARE, DO HEREBY CERTIFY "KRSP (USA) CORP." 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 "KRSP (USA)

CORP." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2019.

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

A STATE OF THE PARTY OF THE PAR

Authentication: 205038257

Date: 12-05-24