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T. LEMIEUX FEB 11 2025

## **COVER LETTER**

¥

	egistration Section ivision of Corporations			
SUBJEC	Psyncopate Technologies, Inc	<u>.</u>		
SOBJEC		of corporation	- must include suffix	
Dear Sir o	r Madam:			
"Certificat	sed "Application by Foreign Co te of Existence," or "Certificate erenced foreign corporation to to	of Good Stand	ling" and check are subr	
Please reti	arn all correspondence concerni	ng this matter	to the following:	
Tony Gian	g			
		Name of I	erson	· ·
Psyncopate	e Technologies, Inc.			
		Firm/Com	pany	· "-
825 Watter	rs Creek Blvd Building M, Suite 25	50		
		Addre	SS	
Allen, TX	75013			
		City/State ar	id Zip code	_
tgiang@ps	yncopate.com			
•	E-mail address	: (to be used for	or future annual report n	otification)
For furthe	r information concerning this m	atter, please ca	ıll:	
Tony Gian	g	949 at (	500-6876	
N	Jame of Person	Area Code	Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please mak	is a check for the following amore check payable to: FLORIDA Di Filing Fee	$egin{array}{ll} {\sf EPARTMENT} \\ {\sf g} \ {\sf Fee} \ \& & \square \end{array}$	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.

Psyncopate Tech	inologies, Inc.			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATI	ON,"	
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transac	ting busines	ss in Florida)
Texas	3.	37-1606116 (FEI number, if		
(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)	
4. 06/08/2021	5			
(Date	of incorporation)	(Date of duration, if oth	er than perp	ctual)
6				
, 825 Watters Cree	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 k Blvd Building M, Suite 250 Allen, TX 75013		bility)	
<i>1</i>	, , , , , , , , , , , , , , , , , , ,	e <u>street</u> address)	Ü	
<u></u>	(Current mailing	address, if different)		:
8. Name and <u>strec</u> Name:	et address of Florida registered agent: (P.O. Registered Agents Inc	Box <u>NOT</u> acceptable)	· -	30 FH 4:
Office Address:	7901 4th St N STE 300	<u></u>	;	27
	St. Petersburg	, Florida <u>33702</u>		
	(City)	(Zip code)		

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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	Name:	□Chairman	Name:
□Vice Chairman	Address: 825 Watters Creek Blvd Bldg M	□Vice Chairman	Address:
<b>☑</b> Director	Suite 250	□Director	
■ President	Allen, TX 75013	□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	
□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	
□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 dire	ctor signing this document (and who is listed in number	r 11 above) affirms th	nat the facts stated herein are true and that he of

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.

# citrix | RightSignature

## SIGNATURE CERTIFICATE



## REFERENCE NUMBER

29B11426-57CB-48B0-8D44-DFA3D51522D9

## TRANSACTION DETAILS

Reference Number

29B11426-57CB-48B0-8D44-DFA3D51522D9

Transaction Type Signature Request

Sent At

01/21/2025 15:13 EST

**Executed At** 

01/22/2025 12:54 EST

**Identity Method** 

email

**Distribution Method** 

email

Signed Checksum

7d8766018cf7c419ab212c5a829e11d2cc65bb0f1e98b2f573f4b1af5ab4e29a

Signer Sequencing

Disabled

**Document Passcode** 

Enabled

## DOCUMENT DETAILS

**Document Name** 

Completed Application FL registration

Filename

Completed\_Application\_FL\_registration.pdf

Pages
4 pages
Content Type
application/pdf
File Size

1.1 MB

Original Checksum

90a19ed3b5d2165153733844d4e4baf1233b812fb0d7fa4a5fee8118a311139f

## **SIGNERS**

SIGNER	E-SIGNATURE	EVENTS
Name	Status	Viewed At
Tony Giang	signed	01/22/2025 12:53 EST
Email	Multi-factor Digital Fingerprint Checksum	Identity Authenticated At
tgiang@psyncopate.com	ai7b1669340e684cb9901ia0ed68i339a7357a3a28a984d806ii4b9b0d5750ac	01/22/2025 12:54 EST
Components	IP Address	Signed At
1	142.129.138.125	01/22/2025 12:54 EST
	Device	
	Microsoft Edge via iOS	
	Drawn Signature	
	HAT I	
	Signature Reference ID	
	F478D7CA	
	Signature Blometric Count	
	6	

### **AUDITS**

TIMESTAMP	AUDIT
01/21/2025 15:13 EST	Bharmal and Associates (admin@bharmalcpas.com) created document 'Completed_Application_FL_registration.pdf' on Chrome via Windows from 107.129.9.10.
01/21/2025 15:13 EST	Tony Giang (tgiang@psyncopate.com) was emailed a link to sign.
01/22/2025 12:52 EST	Tony Giang (tgiang@psyncopate.com) viewed the document on Microsoft Edge via iOS from 142.129.138.125.
01/22/2025 12:52 EST	Tony Giang (tgiang@psyncopate.com) viewed the document on Microsoft Edge via iOS from 142.129.138.125.
01/22/2025 12:53 EST	Tony Giang (tgiang@psyncopate.com) viewed the document on Microsoft Edge via iOS from 142.129.138.125.
01/22/2025 12:54 EST	Tony Giang (tgiang@psyncopate.com) authenticated via email on Microsoft Edge via iOS from 142.129.138.125.
01/22/2025 12:54 EST	Tony Giang (tgiang@psyncopate.com) signed the document on Microsoft Edge via iOS from 142.129.138.125.

· · · . . Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Psyncopate Technologies, Inc. (file number 804100714), a Domestic For-Profit Corporation, was filed in this office on June 08, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 10, 2025.



Jane Nelson Secretary of State

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