

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

F21000004327

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000286300 3)))



H210002863003ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850) 617-6383

From:
 Account Name : INCORP SERVICES INC
 Account Number : I20120000007
 Phone : (702) 866-2500
 Fax Number : (702) 900-2290

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: documents@incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION
Avanze Tech Labs Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

RECEIVED
 2021 JUL 30 PM 2:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2021 JUL 30 PM 12:08
 RECEIVED
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

JUL/30/2021/FRI 10:46 AM
850-817-8381

FAX No.
7/28/2021 10:16:24 AM PAGE 1/001 Fax Server

P. 002/005



July 28, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INCORP SERVICES INC

SUBJECT: AVANZE TECH LABS INC.
REF: W21000106042

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Some of the officer's addresses are cut off.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

FAX Aud. #: H21000286300
Letter Number: 321A00017628

COVER LETTER

TO: Registration Section
 Division of Corporations

SUBJECT: Avanze Tech Labs Inc.

 Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Wendy Hefley

 Name of Person
 InCorp Services, Inc.

 Firm/Company
 3773 Howard Hughes Pkwy. · Suite 500S

 Address
 Las Vegas, NV 89169-6014

 City/State and Zip code
 documents@incorp.com

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendy Hefley on behalf of InCorp Services, Inc. at 800-246-2677
 _____ at _____
 Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

MAILING ADDRESS:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$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.

1. Avanze Tech Labs Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/19/2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4725 West Sand Lake Road, Sulte 105, Orlando, FL 32819
(Principal office street address)

(Current mailing address, if different)

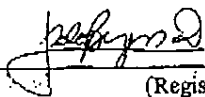
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.
Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(City) (Zip code)

2021 JUL 30 PM 12:08
APPROVED
FILED

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.

 Isabel Burgos on behalf of InCorp Services, Inc.
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Auvese Pasha

Vice Chairman Address: _____

Director 8327 Chilton Dr.

President Orlando, FL 32836

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Pradeep Kumar Venkateshappa

Vice Chairman Address: _____

Director #205, Suganthy Villa, 4th Cross, Kasturi Nagar

President Bangalore-560043, Karnataka, India

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Vinod Joseph Kainikat

Vice Chairman Address: _____

Director No. 208, Tulip Block, Rakesh Fantasy Garden

President 2nd, Main, Kasturnagar, Near Coffee Day,

Vice President Bangalore, Kanataka 560043 India

Secretary Treasurer

Other _____ Other _____

Chairman Name: Ramu Radhakrishnan

Vice Chairman Address: _____

Director No. 223, B Block, Royal Palms,

President L B Shastri Nagar, Bangalore - 560017

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____


President _____

Vice President _____

Secretary Treasurer

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.  **Auvese Pasha**

Digitally signed by Auvese Pasha
Date: 2021.07.26 15:38:27 -04'00'

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. Auvese Pasha, President

(Typed or printed name and capacity of person signing application)