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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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MAY 27 2015

J SHIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2015

KETAN SHAH 1405 ROUTE 18 SUITE 106 OLD BRIDGE, NJ 08857

SUBJECT: NS IT SOLUTIONS LLC Ref. Number: W15000032380

We have received your document for NS IT SOLUTIONS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Letter Number: 115A00009518

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

COVER LETTER

TO:		ration Section on of Corporation	ıs				
SUBJE		S IT Solutions LL	С				
20202		· · · · · · · · · · · · · · · · · · ·	Name of I	Limited Liability	Company		
			eign Limited Liability Comp d to register the above refere				
Please r	eturn ali	l correspondence c	oncerning this matter to the	following:			
		Ketan Shah					
			Na	ame of Person			
		NS IT Solution	s LLC				
	Firm/Company						
		1405 Route 18,	Suite 106				
				Address			
		Old Bridge, NJ	08857		•		
			City/St	tate and Zip Code			
		ketan.shah@nsits	solutions.com				
			E-mail address: (to be used	for future annual	report not	ification)	
For furt	her info	rmation concerning	g this matter, please call:				
	Ketan			732 _ at (416767 _)		
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division of Registratic Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
Enclose		eck for the followi 5.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin	ig Fee &	■ \$160.00 Filing Fee, Co of Status & Certified Cop	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	eign Limited Liability Company;	must include	"Limited Lia	bility Company," "L.L.C.,"	or "LLC.")		_
f name unavailable, enter a iability Company," "L.L.C,	lternate name adopted for the purp," or "LLC.")	oose of trans	sacting busines	s in Florida. The alternate n	ame must inc	clude "Li	mited
New Jersey, USA		3	272600889				
(Jurisdiction under the law company is organized)	of which foreign limited liability	J	 .	(FEI number, if applicab	le)		-
N/A							
	(Date first transacted bus (See sections 605.0904 & 6	iness in Flo 05.0905, F.	rida, if prior to S. to determine	registration.) e penalty liability)			
1405 Route 18, Suite	106 Old Bridge NJ 08857		·		_		
	(Caraca Adding	- C D-111	֌)		_ _		
1405 Route 18, Suite 1	(Street Address of Old Bridge NJ 08857	or emneipai	Office)				
-							
	(Mailir	ig Address)					
. Name and street address	ss of Florida registered agent:	(P.O. Box	NOT accept	able)			
Name:	Ketan Shah	<u>.</u>		_			
Office Address:	14012 Halstead ct Apt#405	<u>_</u>		_			
	Tampa			, Florida 33613			
	(City)			(Zip code)			
laving been named as re tis application, I hereby ith the provisions of all :	egistered agent and to accept s accept the appointment as reg statutes relative to the proper ition as registered agent.	istered ago and compl	ent and agree ete performa	e to act in this capacity.	I further ag	ree to c	omply id acce
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Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

Ketan Shah

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

NS IT SOLUTIONS LLC

0600358779

With the Previous or Alternate Name

NS IT SOLUTIONS (Alternate Name)
NSSTAFFING L.L.C. (Previous Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 23, 2010.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Ketan Shah 1405 Route 18, Suite 106 Old Bridge, NJ 08857



Certification# 136327873

IN TESTIMONY WHEREOF, have hereunto set my hand and affixed m Official Seal at Trenton, this 18th day of May. 2015

Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR StandingCert/JSP/Verify_Cert.jsp