

F0000000564

TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: Novara Comp Services, 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", 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:

Karen C. Grant

(Name of Person)

Novara Comp Services, Inc.

(Firm/Company)

172-13 Hillside Avenue, Suite 200

(Address)

Jamaica, New York 11432

(City/State/Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Should you need to call someone concerning this matter, please call:

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

Karen C. Grant

(Name of Person)

at ( 718 )

657-5376 Ext. 202

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$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. **NOVARA COMP SERVICES, INC.**

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. **New York State**

(State or country under the law of which it is incorporated)

3. **06-1371755**

(FEI number, if applicable)

4. **May 20, 1993**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **Upon Qualification**

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. a. **20283 State Road 7, Suite 300, Boca Raton, Florida 33498**

(Principal office address)

b. **15802 Cypress Park Drive, Wellington, Florida 33414**

(Current mailing address)

8. **To engage in any lawful act or activity for which corporations may be organized.**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: **Mr. Suresh Nadgonde**

Office Address: **15802 Cypress Park Drive**

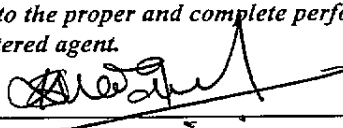
**Wellington**

**Florida 33414**

(Zip code)

10. **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)

11. 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.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Miheer Shah

Address: Novara Comp Services, Inc., 172-13 Hillside Avenue, Suite 200, Jamaica, NY 11432

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: Miheer Shah

Address: Novara Comp Services, Inc., 172-13 Hillside Avenue, Suite 200, Jamaica, NY 11432

Vice President: Sumira Lund

Address: Novara Comp Services, Inc., 172-13 Hillside Avenue, Suite 200, Jamaica, NY 11432

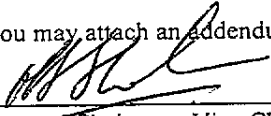
Secretary: Sumira Lund

Address: Novara Comp Services, Inc., 172-13 Hillside Avenue, Suite 200, Jamaica, NY 11432

Treasurer: Sumira Lund

Address: Novara Comp Services, Inc., 172-13 Hillside Avenue, Suite 200, Jamaica, NY 11432

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Miheer Shah , Chairman and President  
(Typed or printed name and capacity of person signing application)

State of New York } ss:  
Department of State

I hereby certify, that the certificate of incorporation of NOVARA COMP SERVICES, INC. was filed on 05/20/1993, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 14th day of January  
two thousand.



Special Deputy Secretary of State

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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