## F0(000001405

Division of Corporations
SUBJECT: THM CONSULTANTS 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:
SURESH NADGONDE -03/13/0101031007
(Name of Person) ************************************
THM CONSULTANTS INC
(Firm/Company)
WELLINGTON, FLORIDA 33467
(Address)
(City/State and Zip code)
For further information concerning this matter, please call:
SURESH NADGONDE at (S61) 227 1544  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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 Pivision of Corporations Tallahassee, FL 32314
Enclosed is a check for the following amount:
S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy 3/14

## 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.	•
I THM CONSULTANTS INC	_: <u>:</u>
(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.)	· 4. ~
2. NEW YORK 3. 11-3288750	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 10/12/1995 5 PERPETUAL	,
(Date of incorporation) (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.)	2. 2 ***
7. 12230 FOREST HILL BLUD, STE 211, WELLINGTON, FL 33	34)
(Principal office address)	7
4066 BAHIA ISLE CIRCLE WELLNGTON, FL 33467 (Current mailing address)	<u>/</u>
8. TO ENGAGE IN ANY LAWFUL ACT OR FETIVITY FOR WHICH CORP IN (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  BE ORGANIZ	NAY
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	-52
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: SURESH NADGONDE ZX 2	-
Office Address: 4066 BAHIA BSLE CIRCLE	
WELLINGTON, Florida 33467	•
(City) (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.	
Sud diel	·· <del></del> <u>-</u>
(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	
(Registered agent's signature)	<u></u> .
the Denartment of State, by the Secretary of State or other official having custody of corporate records in the invisdiction	

under the law of which it is incorporated.

## 12. Names and business addresses of officers and/or directors: A. DIRECTORS HIRI Chairman: Address: JUSHING Vice Chairman: \_ Address: \_ Director: Address: Director: Address: **B. OFFICERS** TRIVEDI President: Address: 3 CM ODC Vice President: LIRCLE BAHIA Address: 33467 IMGTON 3 CMODGAL Secretary: Address: ADGONDE Treasurer: CIRCLE WELLINGTON FL NOTE: If necessary, you may attach an addendum to the application I sting additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) ESH NADGOMDE Vice President

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

## State of New York Department of State

I hereby certify, that the Certificate of Incorporation of T.H.M. CONSULTANTS, INC. was filed on 10/12/1995, under the name of THE HERITAGE MATCHMAKERS, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with 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.

A Certificate of Amendment THE HERITAGE MATCHMAKERS, INC., changing its name to T.H.M. CONSULTANTS, INC., was filed 03/30/2000.

Witness my hand and the official seal of the Department of State at the City of Albany, this 06th day of March two thousand and one.

Secretary of State

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