# F03000003345

(Requestor's Name)	
(Address)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
	ſ
1	1
	l
	١
	╝

Office Use Only



500019172315

05/23/03--01066--008 \*\*70.00

1003 AS 366

(JA)



May 30, 2003

KRISHNAKUMAR L. SONI 127-40 WILLETS POINT BLVD. FLUSHING, NY 11368-1506

SUBJECT: HOUSE OF SPICES (INDIA) INC.

Ref. Number: W03000015366

We have received your document for HOUSE OF SPICES (INDIA) INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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 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) 245-6094.

Letter Number: 103A00034093

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

#### FILED

#### TRANSMITTAL LETTER

03 JUN 30 AM 11: 07

UNLIAGE OF STATE IALLAHASSEE, FLORIDA TO: Registration Section Division of Corporations SUBJECT: 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: House of Spices (India) Inc.,
(Firm/Company) N. Y. 11368-1506.
(City/State and Zin code) For further information concerning this matter, please call: (Name of Person) at (718) 507-4900.

(Area Code & Daytime Telephone Number) STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	BUSINESS IN FLORIDA	and it is
IN COMPLIANCE WI	ITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO GN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA,	AM 11: 07
1. Hous		O UT STATE SEE, FLORIDA
words or abbreviation	n; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or ns of like import in language as will clearly indicate that it is a corporation instead of a thership if not so contained in the name at present.)	
2. New 5	look State 3. 112323274	
(State or country unde	er the law of which it is incorporated) (FEI number, if applicable)	
4. April (Date of ir	1.1974 5. (Duration: Year corp. will cease to exist or "perpetual	<u>")</u>
(Date first transacted b	business in Florida. It corporation has not transacted business in Florida, insert "upon qualification (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	n.")
7. 127-40 Wi	elets Point BLVD., Flushing, W.Y-11368-150 (Principal office address)	<u>6.</u>
	Save as above	
· · · · · · · · · · · · · · · · · · ·	(Current mailing address)	· · · / · · · · · · · · · · · · · · ·
•		
8 to sele.	to bacco (Chewing) imposted from India to 9	cetarles
8. Carpose(s) of c	to bacco (Chewing) imposted form In that to 9 corporation authorized in home state or country to be carried out in state of Florida)	Florid
	to bacco (Chewing) imported form India to 2 corporation authorized in home state or country to be carried out in state of Florida)  address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	Florid
9. Name and street a		Florid
9. Name and street a	address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	Florid
9. Name and street a	Hitesh Kotecha  137 Doss Ave	Florid
9. Name and street a	Hitest Kotecha	Florid
9. Name and street as  Name:  Office Address:  10. Registered agent'  Having been named as	Address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  HITESH KOTECHA  137 Doss Ave  ORVANDO, Florida 32809  (City)  (Zip code)  Is acceptance:  as registered agent and to accept service of process for the above stated corporation at the state of the s	he place
9. Name and street as  Name:  Office Address:  10. Registered agent'  Having been named as designated in this applifurther agree to complete	Address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  HITESH KOTECHA  137 Doss Ave  ORVANDO , Florida 32809  (City) (Zip code)  "s acceptance: as registered agent and to accept service of process for the above stated corporation at the objection, I hereby accept the appointment as registered agent and agree to act in this cody with the provisions of all statutes relative to the proper and complete performance of	the place apacity. I
9. Name and street as  Name:  Office Address:  10. Registered agent'  Having been named as designated in this applifurther agree to complete	Address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  HITESH KOTECHA  137 Doss Ave  ORVANDO, Florida 32809  (City)  (Zip code)  The sacceptance: The sacceptance of process for the above stated corporation at the solication, I hereby accept the appointment as registered agent and agree to act in this continuation.	the place apacity. I
9. Name and street as  Name:  Office Address:  10. Registered agent'  Having been named as designated in this applifurther agree to complete	Address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  HITESH KOTECHA  137 Doss Ave  ORVANDO , Florida 32809  (City) (Zip code)  "s acceptance: as registered agent and to accept service of process for the above stated corporation at the objection, I hereby accept the appointment as registered agent and agree to act in this cody with the provisions of all statutes relative to the proper and complete performance of	the place apacity. I
9. Name and street as  Name:  Office Address:  10. Registered agent'  Having been named as designated in this applifurther agree to complete	Address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  HITESH KOTECHA  137 Doss Ave  ORVANDO , Florida 32809  (City) (Zip code)  "s acceptance: as registered agent and to accept service of process for the above stated corporation at the objection, I hereby accept the appointment as registered agent and agree to act in this cody with the provisions of all statutes relative to the proper and complete performance of	the place apacity. I

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:	FILED
A. DIRECTORS	03 JUH 30 AM II: 07
Chairman:	STATE
Address:	TALLAHASSEE, FLORIDA
Vice Chairman:	
Address:	
Director:	
Director:  Address:	
Address:	
Director	
Director:	
Address:	
B. OFFICERS	
President: G.L-SONI	
Address: 37-25 Regatta Place	
Address: 37-25 Regatta Place  Douglaston Manor, N.Y-1136	3
Vice President: K-L-SOND	· · · · · · · · · · · · · · · · · · ·
Address: 64-38, 181 Street	
Foresh Meadows, N-Y-11365-	
Secretarin	÷ .
• • •	중 기가 가스크뤼
Address:	
Treasurer:	
Address:	:
NOTE: If necessary, you may attach an addendum to the application listing additional officers	s and/or directors.
	±
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the state of the st	the application)
14. KRISHUKKUMBR L-SOUE. Vice-Pa (Typed or printed name and capacity of person signing application)	es.)

## State of New York Department of State

FILED

03 JUN 30 AM 11: 07

I hereby certify, that the Certificate of Incorporation of House of Incorporation of House of Incorporation of House of Incorporate of SIATE SPICES (INDIA), INC. was filed on 04/02/1974, 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.

\*\*\*

Witness my hand and the official seal of the Department of State at the City of Albany, this 17th day of June two thousand and three.

200306120265 118

Secretary of State