# F03000003780

(Re	equestor's Name)					
(Ad	dress)					
(Ad	dress)					
(Cit	ty/State/Zip/Phone #	<del>1</del> )				
PICK-UP	MAIT	MAIL				
(Bu	isiness Entity Name	)				
(Do	ocument Number)					
Certified Copies	Certificates o	f Status				
Special Instructions to Filing Officer:						

Office Use Only



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DIVISIONE VIEW SECTIONS

### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tigra Solutions Inc.	
	oration - must include suffix)
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida", d to register the above referenced foreign corporation
Please return all correspondence concerning this r	natter to the following:
William Cosman	
(Nau	me of Person)
Tigra Solutions Inc	me of Person)
(Fin	m/Company)
3801 S. Ocean Drive, Suite 16P	
•	(Address)
Hollywood, FL, 33019	(Address)
(City/S	State and Zip code)
For further information concerning this matter, ple	ease call:
William Cosman at ( 9	08 , 917-8024
	Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Englosed in a check for the following amounts	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 & ☐ \$87.50 Filing Fee, Certified Copy 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.	Tigra Solutions 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 Jersey	3.	31-1822676					
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)					
4.	06/23/2003	5.	perpetual					
••	(Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetu	al")				
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.	508 Reading Circle, Bridgewater, NJ, 0880	<b>)7</b>		ന	<u> </u>			
••	(Principal office	add	ress)	<del></del>				
3801 S. Ocean Drive, Suite 16P, Hollywood, FL, 33019								
	(Current mailing address)							
8.	Management Consulting Services  (Purpose(s) of corporation authorized in home state of	<u>.                                    </u>		70	15.10			
	(Purpose(s) of corporation authorized in home state o	rcc	ountry to be carried out in state of Florida)	2				
9.	Name and street address of Florida registered age	nt:	(P.O. Box or Mail Drop Box NOT acceptable)	₽-	35			
	Name: WILLIAM COSMAN		<u> </u>	-	•			
O	ffice Address: 3801 SOUTH OCEAN	J	DRIVE					
	HOLLYWOOD (City)		, Florida <u>33019</u> (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. DIRE Chairman:	NACHE OF COURSE		
	3801 S. Ocean Drive, Suite 16P, Hollywood, FL, 33019		
<del>.</del>		<u></u>	<u>.</u>
Vice Chair	man:		
Address: _			
Director:			
Address: _			
- Director:			
'			
President: Address: Vice President	William Cosman  3801 S. Ocean Drive, Suite 16P, Hollywood, FL, 33019  dent:	03 JUL 20	DIV. 310
\ddress: _ -		¥ 2: þ	ANS ANS
Secretary:	Laurie Harvey		S.
ddress: _	3801 S. Ocean Drive, Suite 16P, Hollywood, FL, 33019		
reasurer:	William Cosman		
Address: _	3801 S. Ocean Drive, Suite 16P, Hollywood, FL, 33019	<u></u>	<u> </u>
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or dir	ectors	
<u></u>	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applica-	tion)	
4. <u>Wi</u>	lliam Cosman, Chairman		
	(Typed or printed name and capacity of person signing application)		



#### NEW JERSEY DEPARTMENT OF TREASURY DIVISION OF REVENUE, BUSINESS GATEWAY SERVICES

#### CERTIFICATE OF INC, (PROFIT)

TIGRA SOLUTIONS INC 0400032863

The above-named DOMESTIC PROFIT CORPORATION was duly filed in accordance with New Jersey State Law on 06/20/2003 and was assigned identification number 0400032863. Following are the articles that constitute its original certificate.

1. Name:

TIGRA SOLUTIONS INC

- 2. The Registered Agent: LAURIE HARVEY
- 3. The Registered Office: 508 READING CIRCLE BRIDGEWATER, NJ 08807
- 4. Business Purpose:
  Consulting Services (All Types)
- 5. Stock: 1000
- 6. First Board of Directors:

WILLIAM COSMAN 508 READING CIRCLE BRIDGEWATER, NJ 08807 LAURIE HARVEY 508 READING CIRCLE BRIDGEWATER, NJ 08807

7. incorporators:

LAURIE HARVEY 508 READING CIRCLE BRIDGEWATER, NJ 08807

8. The Main Business Address:

508 READING CIRCLE BRIDGEWATER, NJ 08807

Continued on next page ...

