

F04000002928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

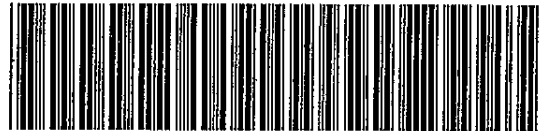
Certificates of Status _____

Special Instructions to Filing Officer:

5/18

FPC

Office Use Only



400036258174

MJH

05/18/04--01026--006 **70.00

FILED
04 MAY 18 PM 4:10
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smita Management Corporation

(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:

Alan L. Murray

(Name of Person)

Smita Management Corporation

(Firm/Company)

1201 25th Avenue, Suite 200

(Address)

Gulfport, MS 39501

(City/State and Zip code)

For further information concerning this matter, please call:

Lynn Watson

(Name of Person)

at (228) 864-9888 ext. 217

(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. Smita Management Corporation

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Mississippi

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

3. 64-0886018

(FEI number, if applicable)

4. May 16, 1997

(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. 1201 25th Avenue, Suite 200 Gulfport, MS 39501

(Principal office address)

1201 25th Avenue, Suite 200 Gulfport, MS 39501

(Current mailing address)

8. All purposes authorized by law.

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301-2525

(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.

Corporation Service Company



Authorized Representative

(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:

FILED
TALLAHASSEE, FLORIDA

04 MAY 18 PM 4:10

A. DIRECTORS

Chairman: **Bharat H. Sangani**

Address: **5601 Sound Bluff Road**
Ocean Springs, MS 39564

Vice Chairman: **Smita B. Sangani**

Address: **5601 Sound Bluff Road**
Ocean Springs, MS 39564

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: **Bharat H. Sangani**

Address: **5601 Sound Bluff Road**
Ocean Springs, MS 39564

Vice President: **Smita B. Sangani**

Address: **5601 Sound Bluff Road**
Ocean Springs, MS 39564

Secretary: **Smita B. Sangani**

Address: **5601 Sound Bluff Road, Ocean Springs, MS 39564**

Treasurer: **Bharat H. Sangani**

Address: **5601 Sound Bluff Road, Ocean Springs, MS 39564**

***SEE ATTACHED ADDENDUM**

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. **Alan L. Murray, Assistant Secretary**

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

**ADDENDUM
TO
APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

SMITA MANAGEMENT CORPORATION

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

B. ADDITIONAL OFFICERS

Vice President: Patrick J. Barber
Address: 1201 25th Avenue, Suite 200
Gulfport, MS 39501

Assistant Secretary: Alan L. Murray
Address: 1201 25th Avenue, Suite 200
Gulfport, MS 39501

State of Mississippi

Office of the Secretary of State

Eric Clark, Secretary of State
Jackson, Mississippi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on October 16, 1997, the State of Mississippi issued a Charter/Certificate of Authority to:

SMITA MANAGEMENT CORPORATION

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand
and seal of office
May 3, 2004

A handwritten signature in cursive script that reads "Eric Clark".

ERIC CLARK
Secretary of State