## TOS 0000004480

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| es a                                    |
| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## TRANSMITTAL LETTER

| TO:                             |  | ation Section<br>n of Corpora |           |                          |                            | ,  |                                   |   |                       |                   |   |
|---------------------------------|--|-------------------------------|-----------|--------------------------|----------------------------|--|-----------------------------------|---|-----------------------|-------------------|---|
| SUBJ                            | ECT: _   | RUSH                          | ı L       | HTER                     | NATI                       | ONAL   | CORP                              | -                                       |                       |                   |   |
|                                 | _  |                               | (1)       | Name of c                | orporatio                  | on - must inc  | lude suffix                       | )                                       |                       | -                 |   |
| Dear S                          | ir or Mad  | dam:                          |           |                          |                            |  |                                   |   |                       |                   |   |
| "Certif                         | ficate of I  |                               | ind check |                          |                            | Authorization register the a                                       |                                   |   |                       |                   |   |
| Please                          | return al  | l correspond                  | ence con  | cerning th               | is matte                   | r to the follo   | wing:                             |   |                       |                   |   |
|                                 |  | KEYUR                         | . ,       | 1.                       | GA11                       | AR   |                                   |   |                       |                   |   |
|                                 |  |                               |           | 1. (                     | Name of                    | Person)  |                                   |   |                       |                   |   |
|                                 | R  | USHIL                         | 1,,,;     | TGRNA<br>(               | 9 <i>T 10</i> A<br>Firm/Co | mpany)   | ORP.                              | <u></u>                                 |                       | ,                 |   |
| 10                              | 0813   | PALM                          | 1 50      | 21×1G                    | DR.                        | BOC  | A RA                              | том.                                    | FL                    | 334               | 428                                     |
|                                 |  |                               |           |                          |                            | <u>. 800</u><br>ress)  |                                   | · • · · · · · · · · · · · · · · · · · · | IALI                  | 05                |   |
|                                 |  |                               |           | FL                       | 334                        | 28   | <u> </u>                          |   | <u> </u>              | <del>- 22</del> - | ene gwy                                 |
| For fur                         | ther info  | rmation cond                  | erning th | •                        | •                          | and Zip code   | )                                 |   | TARY C J              | JG-3 PM I2: 49    |   |
| KE.                             |  | GAJJAR<br>of Person)          | •         | at (_                    |                            | ) 255°<br>Code & Dayt  |                                   |   | ber)                  | 61:               | *************************************** |
| Registra<br>Divisio<br>409 E. ( | ET ADD<br>ation Sec<br>n of Corp<br>Gaines S<br>ssee, FL | ction<br>porations<br>t.      |           | -<br>-                   |                            | MAILING<br>Registratio<br>Division of<br>P.O. Box 6<br>Tallahassed | n Section<br>f Corporation<br>327 | ons                                     |                       |                   |   |
| Enclose                         | ed is a ch   | eck for the f                 | ollowing  | amount:                  |                            |  |                                   |   |                       |                   |   |
| <b>3</b> \$70.                  | 00 Filing  | Fee 🗆                         |           | iling Fee<br>ate of Stat |                            | \$78.75 Filin<br>Certified C                                       |                                   | Cer                                     | .50 Filin<br>tificate | of Sta            |   |

## 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.

| [Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  |
|---|
| (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")            |
| RUSHINDRADR   |
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)                     |
| 2. INDIA 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)  |
| $\Lambda$   |
| 4. 24-APRIL - 1995 -5. De (Detud)  (Date of incorporation) (Duration: Year corp. will cease to exist or perpetually)                            |
| (Date of incorporation) (Duration: Year corp. will cease to exist or perpetual?)  |
| 6.  |
| 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502 F.S. to determine penalty liability) |
| 7. 1, KRINKAL APT., PALDI, AHMEDABAD-3860F, GULARAT, INDIA (Principal office address)   |
| (Principal office address)  |
| 10893 PALM STARING DR., BOCARATOM, FL-3342B (Current mailing address)   |
| (Current maning address)  |
| 8. BRANCH OFFICE & WARF HOUSENG STOCK FOR   |
| (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 NOT acceptable)   |
| Name: KEYUR GALIAR  Office Address: 108/3 PALM SPRING DR.,  |
| Office Address: _108/3 PALM SPRING DR.,   |
| BOCA RATOM, Florida 33428 (City) (Zip code)   |
| (City) (Zip code)   |
| 10. Desistant agentle accentance  |

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)

<sup>11.</sup> 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: kaur     | esh Thakuar   |
| Address: 1, K      | INCAL APT. POLDI, 4HMEDABAD-380007  |
| GU11               | ILAT INDIA  |
|                    |   |
| Address:           |   |
|                    |   |
| Director:          |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
| B. OFFICERS        |   |
|                    | AS CALLAR   |
| riesident: Requ    |   |
| Address:           | VER COLANY NAVRANG PREA , AHMED ABAD . 350009 AFT &   |
|                    |   |
|                    |   |
| Address:           |   |
|                    |   |
|                    |   |
|                    |   |
| Treasurer:         | · · · · · · · · · · · · · · · · · · ·   |
| Address:           | <u> </u>  |
| NOTE: If necessary | you may attach an addendum to the application listing additional officers and/or directors. |
| -                  | you may attach an addendam to the approaction risting additional officers and/or directors. |
| 13                 | (Signature of Director or Officer listed in number 12 of the application)                   |
| 14                 | ladain .  |
| <u></u>            | (Typed or printed name and capacity of person signing application)                          |





सत्यमेव जयते

BOOK NO. Produce contents PAGE NO.

121 JUL 2005

भारत सरकार **GOVERNMENT OF INDIA** 

वाणिज्य एवम् उद्योग मंत्रालयः

MINISTRY OF COMMERCE & INDUSTRY संयुक्त महानिदेशक, विदेश व्यापार का कार्यालय

OFFICE OF THE JOINT DIRECTOR GENERAL OF FOREIGN TRADE

WITH ORIGINAL ADVOCATE मान्यता प्रमाण पत्र

Certificate of Recognition

निर्यात सदन

## EXPORT HOUSE

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|--------------------------------------|----------------------|------------------|-------------------------|
| 777                                  |                      | at-              |                         |
| (आयातक-निर्यातक कोड-संख्या           | आयक                  | र स्थायी खाता सं | ) को                    |
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| यह प्रमाण-पत्र, 1 अप्रैल, से         |                      |                  |                         |
| M/sHUSHIL INTERNATIONAL              | ., 1,KRINKA          | . APPARTMENT,    | OPP. MAHALAXHI          |
| TEMPLE, NEAR MAHALAXMI               | CHAR RASIA,          | FALUI, AHEU      | ABAD-380007             |
| (IEC No0895001573                    | and Income To        | X PAN No. AAEFR  | 339 <b>3</b> M          |
| · .                                  |                      |                  |                         |

are hereby accorded the status of an Export House in accordance with the provisions of the Exim Policy. This Certificate is valid for a period of FULL years effective from 1st April, to 31st March, 1...2007 Showa

ਚਂ∘ Nº 012720

तारीख । 5.09.2003

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( Vijay Kumar sj

अतिरिक्त निर्यात आयुक्

संयुक्त महानिदेशक, विदेश

JOINT DIRECTOR GENERALREG.NO.

JUL 2005