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PICK-UP	☐ WAIT	MAIL
, (Bu	usiness Entity Nan	ne)
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SECRETARY OF STATE
TALL AHASSEE, FLORID

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: ADELPHUS UNIVERSAL	INC.
	tion - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.	
Please return all correspondence concerning this matt	er to the following:
FRANK J GUIDA	
(Name	of Person)
FRANK J GUIDA, CPA PA	
(Firm/C	Company)
P.O. BOX 940368	
MAITLAND, FLORIDA 32794-0368	idress)
(City/State	e and Zip code)
For further information concerning this matter, please	e call:
FRANK J GUIDA at ( 406	539-0031
	a Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\sum \text{\$78.75 Filing Fee & Certificate of Status}\$	\$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.

"Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.")  (If name unavailable in Florida, enter atternate corporate name adopted for the purpose of transacting business in Florida)  2. DELAWARE  (State or country under the law of which it is incorporated)  4. 11/29/2005  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 500 NORTH MAITLAND AVENUE, SUITE 215  (Principal office address)  P.O. BOX 940368 MAITLAND, FLORIDA 32794-0368  (Current mailing address)  8. ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS MAY BE ORGAN  (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: INTERNATIONAL MANAGEMENT & EXECUTIVE SERVICES, LLC  MAITLAND  (City)  (City)  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, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dia and I am familiar with and accept the obligations of my position as registered agent.	(Enter name of c	JS UNIVERSAL INC.	ED,	" "COMPANY," "CORPORATION,"		
(State or country under the law of which it is incorporated)  11/29/2005 (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  500 NORTH MAITLAND AVENUE, SUITE 215  (Principal office address)  P.O. BOX 940368 MAITLAND, FLORIDA 32794-0368  (Current mailing address)  ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS MAY BE ORGAN  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name: INTERNATIONAL MANAGEMENT & EXECUTIVE SERVICES, LLC  MAITLAND  (City)  (City	inc., Co., C	orp, me, co, or corp.				
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(State or country under the law of which it is incorporated)  11/29/2005 (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  500 NORTH MAITLAND AVENUE, SUITE 215  (Principal office address)  P.O. BOX 940368 MAITLAND, FLORIDA 32794-0368  (Current mailing address)  ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS MAY BE ORGAN  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: INTERNATIONAL MANAGEMENT & EXECUTIVE SERVICES, LLC  MAITLAND  (City)  (Cit	DELAWAI	LAWARE		20-3864434		
(Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")  04/01/2006  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  500 NORTH MAITLAND AVENUE, SUITE 215  (Principal office address)  P.O. BOX 940368 MAITLAND, FLORIDA 32794-0368  (Current mailing address)  ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS MAY BE ORGAN  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: INTERNATIONAL MANAGEMENT & EXECUTIVE SERVICES, LLC  MAITLAND  (City)  (City)  (City)  D. Registered agent's acceptance:  Variance been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my day are capacity.				(FEI number, if applicable	e)	
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MAITLAND  (City)  (City)  (City)  (City)  (City)  (Cip code)  (City)	(Purpose(s	e) of corporation authorized in home state of	r co	ountry to be carried out in state of Florida)		
MAITLAND  (City)  (City)  (City)  (City)  (Cip code)  (City)  (City)  (Cip code)  (City)  (Cip code)  (City)  (Cip code)  (City)  (Cit	Name:	INTERNATIONAL MANAGEMENT & EXECU	JTľ	VE SERVICES, LLC	CRET	APR
(City)  (Zip code)  (Zip code)	ffice Address:	500 NORTH MAITLAND AV	ΕN	IUE, SUITE 215	SSE	5 I
(City)  (Zip code)  (Zip code)		MAITLAND		Florida 32751	1,0	<b>3</b> [
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	laving been nam lesignated in this urther agree to c	led as registered agent and to accept se application, I hereby accept the appoi omply with the provisions of all statute	nti S 1	nent as registered agent and agree to elative to the proper and complete pe	act in this	on at the place a capacity. I
(Progretered agent's signature)	_	the franchistand abant's signature	ıre)			

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. DIRECTORS Chairman: Address: Vice Chairman: \_\_ Director: PIYUSH PARIKH Address: P.O. BOX 940368 MAITLAND, FLORIDA 32794-0368 Address: B. OFFICERS President: PIYUSH PARIKH Address: P.O. BOX 940368 MAITLAND, FLORIDA 32794-0368 Vice President: PIYUSH PARIKH Address: P.O. BOX 940368 MAITLAND, FLORIDA 32794-0368 Secretary: PIYUSH PARIKH Address: P.O. BOX 940368 MAITLAND, FLORIDA 32794-0368 Treasurer: PIYUSH PARIKH Address: P.O. BOX 940368 MAITLAND, FLORIDA 32794-0368 NOTE: If neces safy, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. PIYUSH PARIKH, DIRECTOR

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



The First State

PAGE

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADELPHUS UNIVERSAL INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MARCH, A.D. 2006.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4617995

DATE: 03-24-06

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