

F07000004150

Inga Fabs-Giellisse
(Requestor's Name)

27094 Killarney Way
(Address)

(Address)

Tallahassee, FL 32309
(City/State/Zip/Phone #)

☒ PICK-UP ☒ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 0 Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400104040324

07/12/07--01024--021 **70.00

RECEIVED
07 JUL 12 PM 12:46
DATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. Shivers AUG 17 2007

607-33233

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sonal Hospitality, Inc.
(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:

Inga Fahs-Gielisse
(Name of Person)
Fahs + Nystrand, LLC
(Firm/Company)
2709-4 Killarney Way
(Address)
Tallahassee, FL 32309
(City/State and Zip code)

For further information concerning this matter, please call:

Inga Fahs-Gielisse at (850) 894-7077
(Name of Person) (Area 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 ☐ \$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. Sonal, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. State of New York 3. 16-160550
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 30, 2001 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3800 State Pte. #13 Pulaski, NY 13142
(Principal office address)

3800 State Pte. #13 Pulaski, NY 13142
(Current mailing address)

8. To acquire real property and operate hotel business
(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: Sumant Patel

Office Address: 2891 Tupelo Dr.

Panama City, Florida 32405
(City) (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. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Sumant Patel

Address: 2891 Tupelo Dr.

Panama City, FL 32405

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Sum Patel

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

14. Sumant Patel, President

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of SONAL, INC. was filed on 03/30/2001, 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 an existing corporation.

The Biennial Statement is past due.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 08th day of March two
thousand and seven.*



Special Deputy Secretary of State