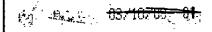
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T. Baren MAR I 1

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Sobha Renaissance North America, 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:
John E. Passarelli
(Name of Person)
John E. Passarelli, P.C.
(Firm/Company)
1622 W. Colonial Parkway, Suite LA
(Address)
Inverness, Illinois 60067
(City/State and Zip code)
For further information concerning this matter, please call:
1
John E. Passarelli at (847) 934-8500
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \(\subseteq \) \$78.75 Filing Fee & \(\subseteq \) \$78.75 Filing Fee & \(\subseteq \) \$87.50 Filing Fee, \(\text{Certificate of Status} \) Certified Copy \(\text{Certified Copy} \)

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.

l. Sobha Rena	issance North America, Inc.			•	
	Corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED.	" "COMPANY," "CORPORATION,"		-
SRNA, Inc.					
(If name unava	ilable in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting busin	ess in Florida)	-
2. Illinois		3.	36-4327094	•	
(State or countr	y under the law of which it is incorporated)		(FEI number, if applicable)	•	-
October 20,	1999	5	perpetual	*,*	
(Da	te of incorporation)	٠,	(Duration: Year corp. will cease to exist or	r "perpetual")	•
. no business t	ransacted at time of filing				
	(Date first transacted busine		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		-
7. 2731 Executiv	ve Park Drive, Suite 4, Weston, FL 3333	1		SEC	2
	(Principal office	add	ress)		 E
506 Bramptor	Lane, Arlington Heights, IL 60004		·	ASS.	~ <u>-</u>
	(Current mailing	add	lress)		ο μ
8. to provide ted	chnology products and support services t	or a	acute care and clinical institutions	FI COM	
(Purpose	(s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)	₽E 6	
9. Name and str	eet address of Florida registered agent: ((P.C	D. Box NOT acceptable)	, • ,	
Name:	NRAI Services, Inc.		<u> </u>		
Office Address:	2731 Executive Park Dr., Ste 4				
	Weston		, Florida 33331		
	- · · · · · · · · · · · · · · · · · · ·	-			

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.

NRAI Services, Inc.

by-dinday Memorca (Registered agent's signature) Lindsey Klemencic/Assistant Secretary

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 ddwggg		
Address:	₽ SE	298
Vice Chairman:		B HAR
Address:		0
		₽
Director:	A TE	<u>5</u>
Address:	· · · · · · · · · · · · · · · · · · ·	
Director:		
Address:		
B. OFFICERS	.*	
President: See attached listing		
Address:		
Vice President:		
Address:		
Secretary:		
Address:		
Treasurer:		
A didwards		
Address:		
NOTE: If necessary, you may attach an addendum to	o the application listing additional officers and/or directors.	
P 04	o the application listing additional officers and/or directors. eer listed in number 12 of the application)	

SOBHA RENAISSANCE NORTH AMERICA, INC.

Incorporated: Illinois - October 20, 1999

Dr. Madhu Nambiar Directors:

113/1B SRIT House ITPL Main Road

Kundalahalli Brookefields Bungalaore India 560-037

PNC Menon

#4, Neeladri Plaza

Raja Ram Mohan Roy Road Richmond Road Circle Bangalore - 560 025 Karnataka, India.

Susil Tharian

113/1B SRIT House ITPL Main Road

Kundalahalli Brookefields Bungalaore India 560-037

Robert Seguy

506 Brampton Lane

Arlington Heights, IL 60004

Officers: Dr. Madhu Nambiar, President

113/1B SRIT House ITPL Main Road

Kundalahalli Brookefields Bungalaore India 560-037

Robert Seguy, Secretary / Treasurer

506 Brampton Lane

Arlington Heights, IL 60004

(847) 650-3183 (847)253-4456

File Number

6072-925-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SOBHĂ RENAISSANCE NORTH AMERICA, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 20, 1999, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of FEBRUARY A.D. 2008

Desse White