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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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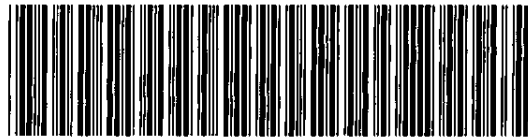
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2008 MAY -5 PM 4: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ALPHASOFT CONSULTING 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:

FLORENCE AKINTOLA

(Name of Person)

ALPHASOFT CONSULTING INC.

(Firm/Company)

1613 PROWMORE DRIVE

(Address)

BRANDON FL 33511

(City/State and Zip code)

For further information concerning this matter, please call:

BIBIANA NGOTH

(Name of Person)

at ( 813 ) 732 7587

(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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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1. **ALPHASOFT CONSULTING INC.**

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

**ALPHASOFT COMPUTER CONSULTING**

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

2. **CALIFORNIA**

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

3. **33-0838483**

(FEI number, if applicable)

4. **7TH JANUARY 1999**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **01/01/2008**

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

7. **5254 ATLANTIC AVE, SUITE 209**

(Principal office address)

**LONG BEACH CA 90805**

(Current mailing address)

8. **SOFTWARE DEVELOPMENT CONSULTING**

(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: **FLORENCE AKINTOLA**

Office Address: **1613 PROWMORE DRIVE**

**BRANDON**

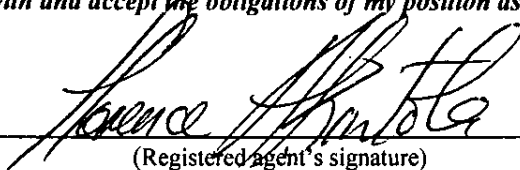
(City)

, Florida **33511**

(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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: FLORENCE AKINTOLA  
Address: 1613 PROWMORE DRIVE  
BRANDON FL 33511

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: SHARATH MUKKAMALA  
Address: 309 57th STREET  
VIENNA WV 26105

Director: RAMESH MUKKAMALA  
Address: 9255 SW DOWNING DRIVE, # 36  
BEVEARTON OR 97008

**B. OFFICERS**

President: FLORENCE AKINTOLA  
Address: 1613 PROWMORE DRIVE  
BRANDON FL 33511

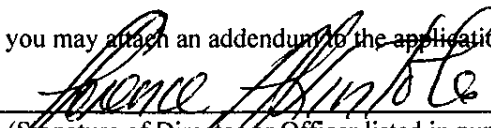
Vice President: AYINDE YAKUBU  
Address: 120 FAIRHILL AVENUE  
BRAMPTON ON L7A 2J7 CANADA

Secretary: SOLA SHOKUNBI  
Address: 5254 ATLANTIC AVE, SUITE 209 LONG BEACH CA 90805

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**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. FLORENCE AKINTOLA PRESIDENT ALPHASOFT CONSULTING INC  
(Typed or printed name and capacity of person signing application)

**State of California**  
**Secretary of State**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF STATUS**  
**DOMESTIC CORPORATION**

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **7th day of January 1999, ALPHASOFT CONSULTING INC.**, became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of April 23, 2008.



*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State