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Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATION

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FOREIGN PROFIT/NONPROFIT CORPORATION

Intown Services Corp.

Certificate of Status	0
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7/30/08

**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. Intown Services Corp.

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

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

2. Delaware

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

3. 26-3000678

(FEI number, if applicable)

4. 07/18/2008

(Date of incorporation)

5. Perpetual

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

6. 08/01/2008

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

7. 2727 Paces Ferry Road, Suite 2-1200, Atlanta, GA 30339

(Principal office address)

same

(Current mailing address)

8. Providing housekeeping services.

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(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.*

C T Corporation System

By: Marie Edwards  
(Registered agent's signature)

Marie Edwards Asst. 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:

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**A. DIRECTORS SEE ATTACHMENT**

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

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

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS SEE ATTACHMENT**

President: Majid Mangalji

Address: 3847 San Felipe, Suite 4650

Houston, TX 77057

Vice President: Fereed Mangalji

Address: 3847 San Felipe, Suite 4650

Houston, TX 77057

Secretary: David Weinstein

Address: 450 Park Avenue, Suite 1203, New York, NY 10022

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. Dennis Cassel, CFO \_\_\_\_\_

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

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**Attachment to Florida  
Officers & Directors**

1	Full Name:	Dennis Cassel
	Officer/Director:	Officer
	Officer's Title:	CFO
	Director's Title:	
	Business Address:	540 Lake Medlock Drive
	City:	Alpharetta
	State:	GA
	ZIP Code:	30022
2	Full Name:	Mohamed Thowfeek
	Officer/Director:	Officer
	Officer's Title:	Assistant Secretary
	Director's Title:	
	Business Address:	2426 Fallen Branch Drive
	City:	Katy
	State:	TX
	ZIP Code:	77494
3	Full Name:	Majid Mangalji
	Officer/Director:	Officer, Director
	Officer's Title:	President
	Director's Title:	Director
	Business Address:	5847 San Felipe, Suite 4650
	City:	Houston
	State:	TX
	ZIP Code:	77057
4	Full Name:	Fereed Mangalji
	Officer/Director:	Officer, Director
	Officer's Title:	Vice President
	Director's Title:	Director
	Business Address:	5847 San Felipe, Suite 4650
	City:	Houston
	State:	TX
	ZIP Code:	77057
5	Full Name:	David Weinstein

**Officer/Director:**

**Officer's Title:**

**Director's Title:**

**Business Address:**

**City:**

**State:**

**ZIP Code:**

**Officer, Director**

**Secretary**

**Director**

**450 Park Avenue, Suite 1203**

**New York**

**NY**

**10022**

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# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTOWN SERVICES CORP." 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-EIGHTH DAY OF JULY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

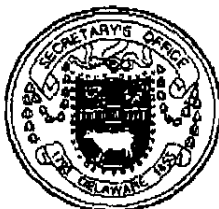
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTOWN SERVICES CORP." WAS INCORPORATED ON THE EIGHTEENTH DAY OF JULY, A.D. 2008.

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6756945

DATE: 07-28-08