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SECRETARY OF BIANK

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### **COVER LETTER**

TO: New Filing Section Division of Corporations			
VIOLUE COLLANDO CETIMA DE	COLUTIONS INC		
SUBJECT: VISHLESHAN SOFTWARE			
(Name of corporation	- must include suffix)		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," and check are submitted to reg transact business in Florida.			
Please return all correspondence concerning this matter to	o the following:		
RIYAZ KHAN	-		
(Name of F	Person)		
VISHLESHAN SOFTWARE SOLUTIO	NS INC		
(Firm/Com	pany)		
6221 W ATLANTIC BLVD			
(Addre	ss)		
MARGATE, FL 33063			
(City/State an	nd Zip code)		
For further information concerning this matter, please cal	II:		
71			
RIYAZ KHAN at ( 954	934 3899		
	ode & 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:			
	\$78.75 Filing Fee &  \$87.50 Filing Fee, 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.

(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502)  ANTIC BLVD, MARGATE, F  (Principal office address ANTIC BLVD, MARGATE, F  (Current mailing address  O MARKETING OFFICE IN F  f corporation authorized in home state or count  ddress of Florida registered agent: (P.O. B	Duration: Year corp. will cease to lorida, if prior to registration)  F. F.S., to determine penalty liability and the liability of the local state	lity)
(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502)  ANTIC BLVD, MARGATE, F  (Principal office address ANTIC BLVD, MARGATE, F  (Current mailing address  ) MARKETING OFFICE IN F  f corporation authorized in home state or count	Duration: Year corp. will cease to lorida, if prior to registration)  F. F.S., to determine penalty liability and the liability of the local state	lity)
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ANTIC BLVD, MARGATE, F (Current mailing address ) MARKETING OFFICE IN F f corporation authorized in home state or count	FL 33063 s) FLORIDA	lorida)
(Current mailing address  MARKETING OFFICE IN F  f corporation authorized in home state or count	LORIDA	lorida)
MARKETING OFFICE IN F	LORIDA	lorida)
ddress of Florida registered agent: (P.O. B		iorrap);
	Box NOT acceptable)	ALC SEC 7000
RIYAZ KHAN	·	SEP 19 AHASSE
3221 W ATLANTIC BLVD	<del>_</del>	
MARGATE	Florida 33063	
(City)	(Zip code)	
plication, I hereby accept the appointmen ply with the provisions of all statutes rela	nt as registered agent and agr tive to the proper and comple	d corporation at the place ree to act in this capacity
	(City)  t's acceptance:  as registered agent and to accept service  plication, I hereby accept the appointment  ply with the provisions of all statutes rela	(City) (Zip code)

<sup>11.</sup> 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: SHREYAS RATHOD Address: B 3084-3089, OBEROI GARDENS, CHANDIVALI, SAKINAKA, ANDHERI (E), MUMBAI - 400072. INDIA Vice Chairman: RIYAZ KHAN Address: 6221 W ATLANTIC BLVD, MARGATE, FL 33063 Address: Director: \_\_ **B. OFFICERS** President: \_\_\_ Address: Address: \_\_\_ Secretary: Address: \_ Address: \_\_\_\_\_ NOTE: If necessary, 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)

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

14. RIYAZ KHAN - VICE CHAIRMAN



## प्रारुप आई आर. Form I.R. निगमन का प्रमाण-पद्म

# CERTIFICATE OF INCORPORATION

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