

F08000004306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900135527339

09/16/08--01015--010 \*\*70.00

09/16/08--01015--011 \*\*8.75

FILED  
08 OCT -2 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VH



**Mendel Zilberberg & Associates, P.C.**

ATTORNEYS AT LAW

September 15, 2008

**VIA UPS OVERNIGHT**

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
Attn. New Filing Division


**RE: Proactive Family Solutions Private Limited**

I attach an application for authorization to do business in the state of Florida relative to the above-referenced entity.

Please do not hesitate to contact me at 718-249-2222 if you need any additional information.

I thank you in advance for your prompt attention to this matter.

Sincerely,



Mendel Zilberberg & Associates, P.C.  
By: Mordechai Freund, Assistant

## COVER LETTER

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

**SUBJECT:** Proactive Family Solutions Private Limited  
(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:

Mordechai Freund  
(Name of Person)  
Mendel Zilberberg and Associates, P.C.  
(Firm/Company)  
6619 13<sup>th</sup> Avenue Brooklyn N  
(Address)  
Brooklyn N.Y. 11219  
(City/State and Zip code)

For further information concerning this matter, please call:

Mordechai Freund at (718) 249-2222  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2008

MORDECHAI FREUND  
MENDEL ZILBERBERG AND ASSOCIATES, P.C.  
6619 13TH AVENUE  
BROOKLYN, NY 11219

SUBJECT: PROACTIVE FAMILY SOLUTIONS PRIVATE LIMITED  
Ref. Number: W08000043219

We have received your document for PROACTIVE FAMILY SOLUTIONS PRIVATE LIMITED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 608A00050513

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. Proactive Family Solutions Private Limited Company  
(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. INDIA 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/4/2007 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. 3001 N. Rocky Point Drive E, Tampa FL, 33607  
(Principal office address)

6619 13th Ave Brooklyn N.Y. 11219  
(Current mailing address)

8. Fertility Travel facilitation and logistics  
(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: Tina Dovellos

Office Address: 1832 Clearbrake Drive

Clearwater, Florida 33760  
(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.

Tina Dovellos  
(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.

FILED  
OCT -2 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: \_\_\_\_\_

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

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. \_\_\_\_\_

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

14. \_\_\_\_\_

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

FILED

08 OCT -2 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vinod Sankaran

11 Sackman Street Apt 7  
Brooklyn NY 11233

Sankaran Sivaswamy

4AB, 5th Block Kences Enclave N1 Ramakrishna St.  
North Usman Rd, T Nagar, Chennai - 600017 INDIA

S-Vinod

Vinod Sankaran, Director



FILED

08 OCT -2 PM 4: 31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAप्रारूप 1  
पंजीकरण प्रमाण-पत्र

कार्पोरेट पहचान संख्या : U85190TN2007PTC064847

2007 - 2008

मैं एतद्वारा सत्यापित करता हूँ कि मैसर्स

PROACTIVE FAMILY SOLUTIONS PRIVATE LIMITED

का पंजीकरण, कम्पनी अधिनियम 1956 (1956 का 1) के अंतर्गत आज किया जाता है और यह कम्पनी प्राइवेट लिमिटेड है।

यह निगमन-पत्र आज दिनांक चौबीस सितम्बर दो हजार सात को मेरे हस्ताक्षर से चैन्नई में जारी किया जाता है।

## Form 1

## Certificate of Incorporation

Corporate Identity Number : U85190TN2007PTC064847

2007 - 2008

I hereby certify that PROACTIVE FAMILY SOLUTIONS PRIVATE LIMITED is this day incorporated under the Companies Act, 1956 (No. 1 of 1956) and that the company is private limited.

Given under my hand at Chennai this Twenty Fourth day of September Two Thousand Seven.

(SURYANARAYANA DHARA)

सहायक कम्पनी रजिस्ट्रार / Assistant Registrar of Companies

तमिलनाडु, चैन्नई, अंदमान और निकोबार द्वीप

Tamil Nadu, Chennai, Andaman and Nicobar Islands

कम्पनी रजिस्ट्रार के कार्यालय अभिलेख में उपलब्ध पत्राचार का पता :

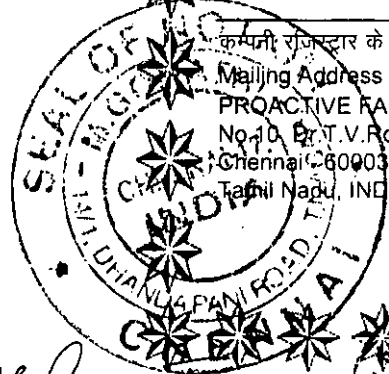
Mailing Address as per record available in Registrar of Companies office:

PROACTIVE FAMILY SOLUTIONS PRIVATE LIMITED

No.10, B.T.V. Road, Off Spur Tank Road,, Chetpet.,

Chennai-600031,

Tamil Nadu, INDIA



M. Gomathi

M. GOMATHI

Advocate &amp; Notary Public

New No.29, Old No.14/1,

DHANDAPANI STREET,

T. Nagar, Chennai-600017



Asst. Registrar of Companies

तमिलनाडु, चेन्नई

Tamilnadu, Chennai

FILED

08 OCT -2 PM 4:31

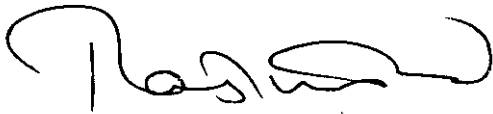
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LEGAL STANDING**

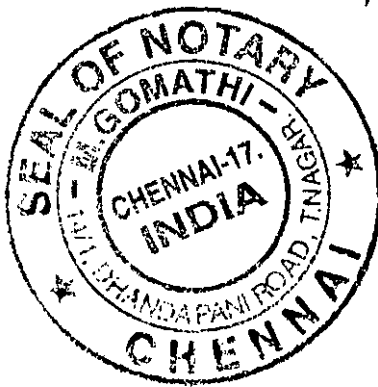
I hereby certify that Proactive Family Solutions Private Limited is a company incorporated under the Companies Act, 1956 having Corporate Identification Number of U85190TN2007PTC064847 with its registered office at No.10, Dr.T.V.Road, Chetpet, Chennai-600031. As on the date of this certification, the company has complied with all filings under the Companies Act, 1956.

The said company legally exists.

Date : 11<sup>th</sup> August 2008



RAJKISHORE,  
ADVOCATE.



M. GOMATHI  
Advocate & Notary Public  
New No.23, Old No.14/1,  
DHANDAPANI STREET,  
T. Nagar, Chennai-600 017