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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number: I2000000195 : (850)521-1000 Phone

Fax Number : (850)558-1575

FOREIGN PROFIT/NONPROFIT CORPORATION

UNIKEN BUSINESS SOLUTIONS, INC.

Certificate of Status	_ 0
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T. Burch UEC 1 0 2008;

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

			STATUTES, THE FOLLOWING IS SUBMITT. BUSINESS IN THE STATE OF FLORIDA.	ED TO	2008		
1.	UNIKEN BUSINESS SOLUTIONS, INC.				E		
1.	(Enter name of co	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	SSEE FIG	C -9 PM		
	(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in	Florida)	4:2		
2.	MASSACH	USETTS 3	20-0838620	7.2-	0		
		under the law of which it is incorporated)	(FEI number, if applicable)	<u> </u>	-		
4.	11/19/2003	5.	PERPETUAL		_		
	(Date	of incorporation)	(Duration: Year corp. will cease to exist or "pe	rpetual")	-		
б.					_		
			in Florida, if prior to registration) 1502, F.S., to determine penalty liability)				
7.	12362 BERI	KELEY AVENUE, TAMPA, FL	. 33626				
• •		(Principal office ad	dress)	, ,	-		
16302 TURNBURY OAK DR, ODESSA, FL 33556							
(Corrent mailing address)							
8.		E SERVICES			_		
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)							
9.	Name and stree	t address of Florida registered agent: (P.	O. Box NOT acceptable)				
	Name:	Corporation Service Company					
O	ffice Address:	1201 Hays Street					
		Tallahassee	, Florida 32301				
		(City)	(Zip code)				
Hi de fu	aving been nam signated in this other agree to co ad I am familiar	application, I hereby accept the appoint	rice of process for the above stated corporation ment as registered agent and agree to act in a relative to the proper and complete performa osition as registered agent. Heather Chapman as its agent	this capa	city. I		

^{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. DIRECTORS	2008 SECO
Chairman:	
Address:	SS-4 -9
	19 2
Vice Chairman:	95 t.
Address:	20 DA
Director: PRAKASH SALVI	
Address: 12362 BERKELEY AVENUE, TAMPA, FL 33626	
Director:	
Address:	
B. OFFICERS	
President: PRAKASH SALVI	
Address: 12362 BERKELEY AVENUE, TAMPA, FL 33626	
Address:	
Vico President:	
Address:	
Secretary: SANJAY DESHPANDE	
Address: 16302 TURNBURY OAK DR, ODESSA, FL 33556	
Treasurer: PRAKASH SALVI	
Address: 12362 BERKELEY AVENUE, TAMPA, FL 33626	
NOTE: If necessary, you may attach an addendum to the application listing additional of	
(Signature of Director or Officer listed in number 12 of the applic	ation)
14. PRAKASH SALVI	



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The Commonwealth of Massachusetts Secretary of the Commonwealth

State House, Boston, Massachusetts 02138

William Francis Galvin Secretary of the Commonwealth

December 5, 2008

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

UNIKEN BUSINESS SOLUTIONS, INC.

is a domestic corporation organized on November 19, 2003, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



Processed By; sam

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

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