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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: SAHARA SERVICES 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:
GURPRIT SINGH. S. GROVER (Name of Person)
SAHARA SERVICES INC. (Firm/Company)
(Firm/Company)
100 SAN MARCO AVE (Address) S7, AUGUSTINE FL 32084 (City/State and Zip code)
(Address)
ST. AYGUSTINE FL 32084
(City/State and Zip code)
(City/State and Zip code) (City/State and Zip code) For further information concerning this matter, please call:
GURPRIT. SINGH. S. GROVERat (682) 597-4622 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother 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 & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status & Certified Copy



October 24, 2008

GURPRIT SINGH S GROVER SAHARA SERVICES INC 100 SAN MARCO AVE ST AUGUSTINE, FL 32084

SUBJECT: SAHARA SERVICES INC

Ref. Number: W08000048944

We have received your document for SAHARA SERVICES INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Letter Number: 308A00054997

Dale White Regulatory Specialist II

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. SAHARA SERVICES, INC. (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. TEXAS (State or country under the law of which it is incorporated) 3. 20-4258184 (FEI number, if applicable)	
4. JAN 18, 2006 5. PERFETUAL. (Duration: Year corp. will cease to exist or "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. 100 SAN MARCOAVE, ST AUGUSTINE FL 32084 (Principal office address)	
7. 100 SAN MARCOAVE, ST AUGUSTINE FL 32084 (Principal office address) 100 SAN MARCO AVE ST AUGUSTINE FL 32084 (Current mailing address)	
8. Food SERVICES & MANAGE MENT (NAICS Code # 7223 (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	ĵ,
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: GURPRIT SINGH. S. GROVER	
FT 2	
Office Address: 100 SAN MARCO AVE St. Augustine Florido 32084	
St Augustine, Florida 32084 (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.	

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: ___ Address: Director: _ Address: ____ Director: Address: _ **B. OFFICERS** President: GYRPRIT. SINGH. S. GROVER. Address: 100 SAN MARIO AVE ST Augustine F1 - 32084 Vice President: Address: ___

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

Address:

Treasurer:

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

GURPRITAINGH. S. GROVER PRESIDENT.

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

CERTIFICATE OF FILING OF

Sahara Services, Inc. File Number: 800600309

The undersigned, as Sccretary of State of Texas, hereby certifies that the application for reinstatement for the above named entity has been received in this office and has been found to conform to law. It is further certified that the entity has been reinstated to active status on the records of this office.

ACCORDINGLY the undersigned, as Secretary of State, and by virtue of the authority vested in the Secretary by law hereby issues this Certificate of Filing.

Dated: 11/14/2008

Effective: 11/14/2008



Hope Andrade Secretary of State

- And

Phone: (512) 463-5555

Dial: 7-1-1 for Relay Services