FD900000009936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR -9 PM 1:06

W09000007205

MD 3/9

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Take Solutions, 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:

PK Vasudevan CPA
(Name of Person)

Iyer Associates
(Firm/Company)

315 Lowell Ave Suite 2b
(Address)

Hamilton NJ 08619
(City/State and Zip code)

For further information concerning this matter, please call:

P.K. Vasudevan at (609) 5875141
(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

February 18, 2009

PK VASUDEVAN CPA
315 LOWELL AVE.
HAMILTON, NJ 08619

SUBJECT: TAKE SOLUTIONS, INC.
Ref. Number: W09000007205

We have received your document for TAKE SOLUTIONS, 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):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

A photocopy of the registered agent signature is not acceptable.

Please return 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) 245-6921.

Maryanne Dickey
Document Specialist Supervisor

Letter Number: 409A00005286

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.

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DIVISION OF CORPORATIONS

1. Take Solutions, 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. NJ
(State or country under the law of which it is incorporated)

3. 22-3739703
(FEI number, if applicable)

4. July 6, 2000
(Date of incorporation)

5. perpetual
(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. 502 Carnegie Center, Suite 100, Princeton NJ 08540
(Principal office address)

502 Carnegie Center, Suite 100, Princeton NJ 08540
(Current mailing address)

8. IT CONSULTING
(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: CorpDirect Agents, Inc.

Office Address: 515 East Park Avenue

Tallahassee (City), Florida 32301 (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.

Katie Wunsch, Asst. Sec.
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

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B. OFFICERS

President: See Attached.

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. Ram Yeleswarapu. Director.
(Typed or printed name and capacity of person signing application)

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LIST OF OFFICERS

NAME : RAM YELESWARAPU
ADDRESS : 37 ELMARA DRIVE
BRIDGEWATER NJ 08807
TITLE : DIRECTOR

NAME : BALA LATUPALLI
ADDRESS : 31 CUMMINGS RD
MONMOUTH JCT 08852
TITLE : DIRECTOR

NAME : KALYAN GOPALAKRISHNAN
ADDRESS : 32 MOORSGATE CIRCLE
EAST WINDSOR, NJ 08520
TITLE : DIRECTOR

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

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TAKE SOLUTIONS, INC.

0100822046

With the Previous or Alternate Name

GATIM INC. (Previous Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on July 6, 2000.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Ram Yeleswarapu
502 Carnegie Center
Suite # 100
Princeton, NJ 08540

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of December, 2008

R. David Rousseau
State Treasurer

Certification# 113206665

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
JAN 16 2009
Mark Ritchie
Secretary of State