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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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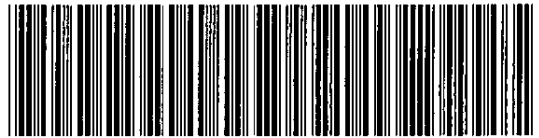
(Business Entity Name)

(Document Number)

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

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W09-22605

FILED

2009 JUL 13 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUL 15 2009

## COVER LETTER

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

**SUBJECT:** Application for Florida Business License ~ Emantras 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:

Supra Manohar

(Name of Person)

Emantras Inc.

(Firm/Company)

41350 Christy Street,

(Address)

Fremont CA 94538

(City/State and Zip code)

For further information concerning this matter, please call:

Supra Manohar

(Name of Person)

at ( 510 ) 861-0511

(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.

RECEIVED  
DEPARTMENT OF STATE  
09 JUL 13 PM 4:56

June 12, 2009

SUPRA MANOHAR  
41350 CHRISTY STREET  
FREMONT, CA 94538

SUBJECT: EMANTRAS INC.  
Ref. Number: W09000027605

We have received your document for EMANTRAS INC. 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6928.

Tim Burch  
Regulatory Specialist II

Letter Number: 309A00019912

**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. Emantras 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. California

(State or country under the law of which it is incorporated)

3. 30-0061047

(FEI number, if applicable)

4. 02-05-2002

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. NIL

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 41350 Christy Street, Fremont CA 94538

(Principal office address)

1200 Northbrook Pkwy, Suwanee, GA - 30024

(Current mailing address)

8. To provide elearning and technology solutions for the educational and enterprise institutions

(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: John McDonald

Office Address: 2996 Scenic Hwy 98 E Unit 304

Destin

(City)

, Florida 32541

(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.*

  
(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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Sesh Kumar - CEO

Address: 41350 Christy Street,  
Fremont, CA - 94538

Vice Chairman: Kunamad Bicha

Address: 1200 Northbrook Pkwy  
Suwanee, GA - 30024

Director: Supra Manohar

Address: 41350 Christy Street,  
Fremont, CA - 94538

Director: Bhaskar Srinivasan

Address: 41350 Christy Street,  
Fremont, CA - 94538

**B. OFFICERS**

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

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

Vice President: Catakam Kumar

Address: 1200 Northbrook Pkwy  
Suwanee, GA - 30024

Secretary: \_\_\_\_\_

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

Treasurer: Rattan Thusoo

Address: 41350 Christy Street, Fremont CA 94538

**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. \_\_\_\_\_

Sesh Kumar

CEO

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

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**FILED**

**2009 JUL 13 PM 4:23**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ENTITY NAME:**

**EMANTRAS INC**

**FILE NUMBER: C2376384**  
**FORMATION DATE: 02/05/2002**  
**TYPE: DOMESTIC CORPORATION**  
**JURISDICTION: CALIFORNIA**  
**STATUS: ACTIVE (GOOD STANDING)**

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to exercise  
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of April 10, 2009.

*Debra Bowen*

**DEBRA BOWEN**  
**Secretary of State**