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SECRETARY OF STATE

T. Burch AUG 2 8 2009

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Dear S	ir or M	ladam:											
"Certif	icate o		nce," ar									usiness in Florida," foreign corporation	ı to
Please	return	all corre	sponde	nce con	cerning 1	his m	atter	to the f	ollowing	g:			
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RECEIVED DEPARTMENT OF STATE

09 AUG 27 AM II: 12

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 18, 2009

JASON REDMAN 6919 W BROWARD BLVD STE 269 PLANTATION, FL 33317

SUBJECT: OMKAAR INTERNATIONAL INC

Ref. Number: W09000037331

We have received your document for OMKAAR INTERNATIONAL 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 name listed in number one of the application must be identical to the name listed in the certificate of existence.

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".

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: 909A00028053

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.

١.	OMKAAR INTERNATIONAL INCORPORAT	EL	<u> </u>	<u> </u>		
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")					
				SSEE		
	(If name unavailable in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting business			
2	Delaware	3.	26-4171137			
٠.	(State or country under the law of which it is incorporated)		(FEI number, if applicable)	514		
4.	January 27th, 2009	5.	perpetual	•		
•	(Date of incorporation)		(Duration: Year corp. will cease to exist or "p	erpetual")		
6.						
	· · · · · · · · · · · · · · · · · · ·		n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
7	6919 W Broward Blvd. Suite 269 Plantation, F	ΞL	33317			
	(Principal office	add	ress)			
	same					
	(Current mailing	add	lress)			
8.	Sale of Clothing					
	(Purpose(s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)			
9.	Name and street address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)			
	Name: Jason Redman					
o	ffice Address: 190 Bryan Blvd.					
	Plantation		, Florida 33317			
	(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.

(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.

2009 AUG 27 PM 6: 37

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

A. DIRECTORS	7.5 ~
Chairman: Sachin Mayi	2009 SEC: ALL
Address: 6919 W. Broward Blvd. Suite 269 Plantation, FL 33317	AFFIA
	27 RY 0 SEE
Vice Chairman: Jason Redman	₹ 3
Address: 6919 W. Broward Blvd. Suite 269 Plantation, FL 33317	4: 37
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 ar	nd/or directors.
(Signature of Director or Officer listed in number 12 of the application)	
14. Via Chairman _ (O tounder (Typed or printed name and capacity of person signing application)	

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OMKAAR INTERNATIONAL INCORPORATED"

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND

IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY

OF JULY, A.D. 2009.

SECRETARY OF STATE TALL AHASSEE FLORIDA

4649170 8300

090738555

AUTHENTYCATION: 7446985

DATE: 07-29-09

You may verify this certificate online at corp.delaware.gov/authver.shtml