

File 000001272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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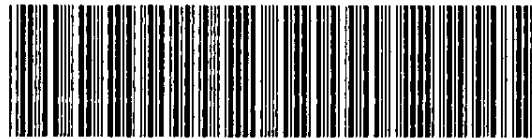
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2011 MAR 22 PM 1:04

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5mvers MAR 24 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: OSR 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," or "Certificate of Good Standing" 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:

NARENDRA MALLAKUNTA

Name of Person

OSR SOLUTIONS INC

Firm/Company

19046 BRUCE B DOWNS, # 243

Address

TAMPA FL 33647

City/State and Zip code

NAREN0025@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARUNA RAJ

Name of Person

at (813) 418-1250

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

TALLAHASSEE, FL 32314

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**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. OSR 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. 51-0533840

(FEI number, if applicable)

4. 1/4/2005

(Date of incorporation)

5. PERPETUAL

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

6. N/A

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

7. 19046 BRUCE B. DOWNS, #243, TAMPA FL 33647

(Principal office address)

19046 BRUCE B. DOWNS, #243, TAMPA FL 33647

(Current mailing address)

8. TO TRANSACT ANY LAWFUL BUSINESS

(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: ARUNA RAJ

Office Address: 19046 BRUCE B DOWNS #243

TAMPA

(City)

, Florida 33647

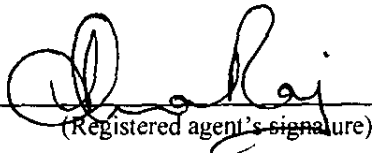
(Zip code)

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HALL COUNTY, FLORIDA

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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.

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

A. DIRECTORS

Chairman: NARENDRA MALLAKUNTA
Address: 199, PIERCE ST., #1725, SOMERSET, NJ 08873

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: NARENDRA MALLAKUNTA
Address: 199 PIERCE ST., #1725, SOMERSET, NJ 08873

Vice President: _____

Address: _____

Secretary: NARENDRA MALLAKUNTA
Address: 199 PIERCE ST., #1725, SOMERSET, NJ 08873

Treasurer: _____

Address: _____

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

13. NARENDRA MALLAKUNTA
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.

14. NARENDRA MALLAKUNTA, PRESIDENT
(Typed or printed name and capacity of person signing application)

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2011 MAR 22 PM 1:00
TREASURY DEPARTMENT
HARRISON, NJ

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
SHORT FORM STANDING**

OSR SOLUTIONS INC.

0100938252

With the Previous or Alternate Name

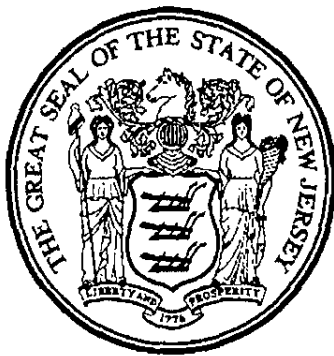
LAXAI (Alternate Name)

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 January 4, 2005.

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:

*Nerendra Mallakunta
199 Pierce Street
#725
Somerset , NJ 08873*



Certification# 119861790

IN TESTIMONY WHEREOF, I
hereunto set my hand and affix my
Official Seal at Trenton, this
18th day of March, 2011

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

Andrew P Sidamon-Eristoff
State Treasurer



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