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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

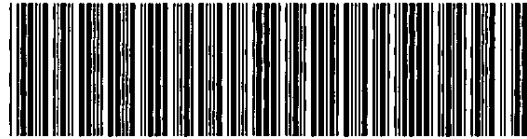
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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TALLAHASSEE, FLORIDA

J. Shivers JUN 11 2012

## COVER LETTER

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

**SUBJECT:** ADROIT ASSOCIATES, 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:

Srini Raju

Name of Person

ADROIT ASSOCIATES, INC.

Firm/Company

100 Wood Avenue South, Suite# 108

Address

Iselin, NJ 08830

City/State and Zip code

srini@adroitassociates.com

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

For further information concerning this matter, please call:

Srini Raju

Name of Person

at ( 732 ) 516-1000

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

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TALLAHASSEE, FLORIDA

**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. ADROIT ASSOCIATES, 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. Pennsylvania 3. 20-1001735

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

(FEI number, if applicable)

4. 04/13/04

(Date of incorporation)

5. Perpetual

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

6. 06/01/2012

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 100 Wood Avenue South, Suite# 108, Iselin, NJ 08830

(Principal office address)

100 Wood Avenue South, Suite# 108, Iselin, NJ 08830

(Current mailing address)

8. Information Technology Services

(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: SmallBiz Agents, LLC

Office Address: 75 N. Woodward Ave. #10000

Tallahassee, Florida 32313

(City)

(Zip code)

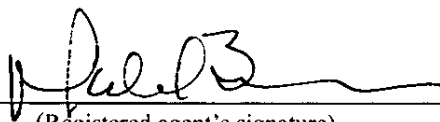
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10. **Registered agent's acceptance:**

*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: Prasada Indukuri

Address: 100 Wood Avenue South, Suite# 108,  
Iselin, NJ 08830

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Prasada Indukuri

Address: 100 Wood Avenue South, Suite# 108,  
Iselin, NJ 08830

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

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

Secretary: Prasada Indukuri

Address: 100 Wood Avenue South, Suite# 108, Iselin, NJ 08830

Treasurer: Prasada Indukuri

Address: 100 Wood Avenue South, Suite# 108, Iselin, NJ 08830

**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. Prasada Indukuri, President

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

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TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

MAY 1, 2012

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

**ADROIT ASSOCIATES, INC.**

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.

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DEPARTMENT OF STATE  
HALLAHASSEE, FLORIDA

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IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

*Carol Aichele*

Secretary of the Commonwealth