

F12000005028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

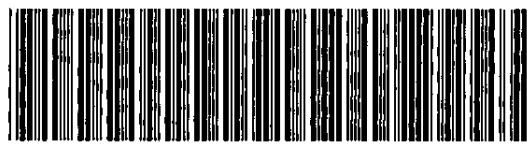
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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WR-54188



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10/22/12--01047--008 **78.75

12 DEC 13 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

✓ 12/14/12



12 DEC 13 AM 10:29

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2012

RAKESH RAWLA
NOBLESOFT SOULTIONS, INC.
PO BOX 924
PLAINSBORO, NJ 08536

SUBJECT: NOBLESOFT SOLUTIONS, INC.
Ref. Number: W12000054188

We have received your document for NOBLESOFT SOLUTIONS, 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 entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Documents that are "double-sided" are unacceptable; please print out a new set with information only on one side.

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 612A00026021

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NOBLESOFT 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:

RAKESH RAWLA

Name of Person

NOBLESOFT SOLUTIONS, INC.

Firm/Company

PO BOX 924

Address

PLAINSBORO, NJ 08536

City/State and Zip code

RREDDY@NOBLESOFT-SOLUTIONS.COM

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

For further information concerning this matter, please call:

RAKESH RAWLA

Name of Person

at (713) 480-7510

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

**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. NOBLESOFT 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. PENNSYLVANIA

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

3. 20-8556829

(FEI number, if applicable)

4. 03/05/2007

(Date of incorporation)

5. PERPETUAL

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

6. 11/01/2012

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

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

7. 402 EXECUTIVE DR, SUITE B, LANGHORNE PA 19047

(Principal office address)

PO BOX 924, PLAINSBORO, NJ 08536

(Current mailing address)

8. PROVIDE SOFTWARE CONSULTING 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)

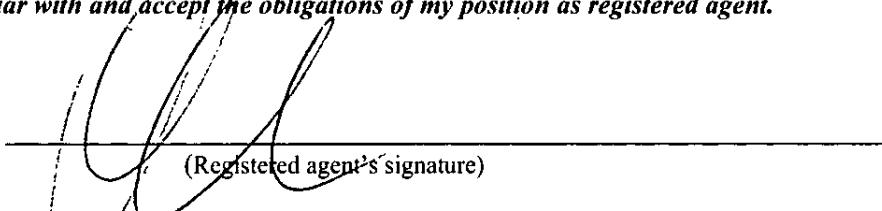
Name: **DAN MCLINDEN**

Office Address: **798 EXECUTIVE DR, SUITE A**

OVIEDO , Florida **32765**
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: HEATHER RAWLA

Address: 402 EXECUTIVE DR, SUITE B
LANGHORNE PA 19047

Vice Chairman: RAKESH RAWLA

Address: 402 EXECUTIVE DR, SUITE B
LANGHORNE PA 19047

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: HEATHER RAWLA

Address: 402 EXECUTIVE DR, SUITE B
LANGHORNE PA 19047

Vice President: RAKESH RAWLA

Address: 402 EXECUTIVE DR, SUITE B
LANGHORNE PA 19047

Secretary: _____

Address: _____

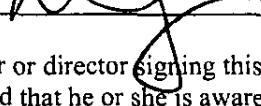
Treasurer: _____

Address: _____

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

13. 

Signature of Director or Officer

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, F.S.

14. RAKESH RAWLA

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

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12 DEC 13 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

AUGUST 30, 2012

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

NobleSoft Solutions, 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



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.

Casey A. Diller

Secretary of the Commonwealth