

F130000000882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

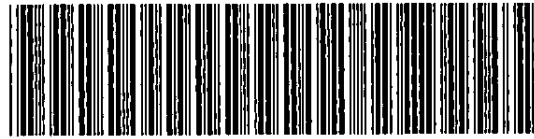
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
13 FEB 20 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
13 FEB 20 PM 1:55

1113 11533

MD 2/27



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 538547 7914610

AUTHORIZATION :

COST LIMIT : \$ 70

Lyndee M. A.

ORDER DATE : February 19, 2013

ORDER TIME : 10:53 AM

ORDER NO. : 538547-005

CUSTOMER NO: 7914610

FOREIGN FILINGS

NAME: CHOICE SOLUTIONS, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
DEPARTMENT OF STATE
13 FEB 26 PM 4:37

February 21, 2013

CSC

WALK-IN

SUBJECT: CHOICE SOLUTIONS, INC.
Ref. Number: W13000010533

RESUBMIT
Please give original
submitting date as file date

We have received your document for CHOICE SOLUTIONS, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

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.

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".

Complete the principle and mailing address for the corporation - City.

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) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 013A00004238

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Choice 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:

Chris Lorch

Name of Person

Choice Solutions, Inc.

Firm/Company

420 Lakeside Avenue, Suite 101

Address

Marlborough, MA 01752

City/State and Zip code

chris.lorch@choicep20.com

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

For further information concerning this matter, please call:

Chris Lorch

Name of Person

at (978) 505-5655

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.

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13 FEB 20 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Choice 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. Massachusetts

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

3. 04-3503111

(FEI number, if applicable)

4. February 10, 2000

(Date of incorporation)

5. perpetual

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

6. _____

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

7. 420 Lakeside Ave. Suite 401 Marlboro MA 01752

(Principal office address)

420 Lakeside Ave. Suite 401 Marlboro MA 01752

(Current mailing address)

8. Employee resides in the State of Florida

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32301

(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.

Corporation Service Company

By: _____

(Registered agent's signature)



Harry B. Davis
Asst. Vice President

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.

[2. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Srinivas Kallakurchi

Address: 24 Village Road
Pepperell MA 01463

Vice Chairman: _____

Address: _____

Director: Ravi R Devulapalli

Address: 350 Saddle Bridge Drive
Alpharetta GA 30022

Director: Zachary R Tussing

Address: 43 Bridges Avenue
Newton MA 02460

B. OFFICERS

President: Srinivas Kallakurchi

Address: 24 Village Road
Pepperell MA 01463

Vice President: Zachary R Tussing

Address: 43 Bridges Avenue
Newton MA 02460

Secretary: Ravi R Devulapalli

Address: 350 Saddle Bridge Drive Alpharetta GA 30022

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. Zachary R Tussing, Vice President

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

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13 FEB 20 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

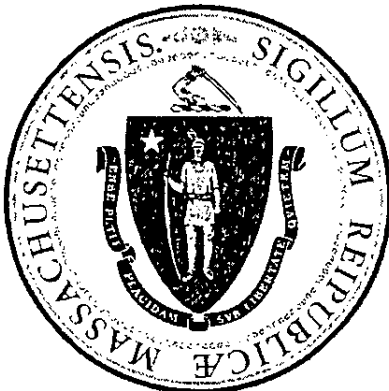
Date: February 19, 2013

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TALLAHASSEE, FLORIDA

To Whom It May Concern :

I hereby certify that according to the records of this office,
CHOICE SOLUTIONS, INC.

is a domestic corporation organized on **February 10, 2000** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 13021059430

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: jmu