

F13000001028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

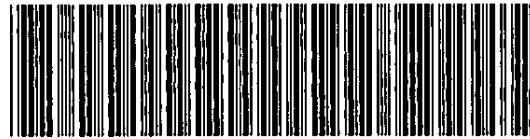
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/11/13--01036--010 **87.50

W13-8729

FILED
13 MAR -4 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LETSVISIONIT 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:

AJAY PATIL

Name of Person

LETSVISIONIT INC

Firm/Company

250 STELTON RD, SUITE # 5

Address

PISCATAWAY NJ 08854

City/State and Zip code

AJAY.PATIL@LETSVISIONIT.COM ✓

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

For further information concerning this matter, please call:

AJAY PATIL

Name of Person

at (732) 985-1372

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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13 MAR -4 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2013

AJAY PATIL
250 STELTON RD STE #5
PISCATAWAY, NJ 08554

SUBJECT: LETSVISIONIT INC
Ref. Number: W13000008729

We have received your document for LETSVISIONIT INC and your check(s) totaling \$87.50. 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.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 613A00003455

ATTACHED IS SIGNED COPY & CORRECTED
DISSOLUTION OR TERM OF EXISTENCE COPY
OF FILING PAPERS.

REGARDS

AJAY PATIL, PRESIDENT/CHAIRMAN
LETSVISIONIT INC.

www.sunbiz.org

**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. LETSVISIONIT INC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

LETSVISIONIT-FL INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **NEW JERSEY** 3. **20-3899580**
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **12/01/2005** 5. **PERPETUAL**
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. **02/01/2013**
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **250 STELTON RD, SUITE # 5, PISCATAWAY NJ 08854**
(Principal office address)

250 STELTON RD, SUITE # 5, PISCATAWAY NJ 08854
(Current mailing address)

8. **COMPUTER PROGRAMMING AND QUALITY ASSURANCE**
(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: **SURESH BANGALORE**

Office Address: **417 Kays Landing Drive**

Sanford, Florida **32771**
(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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13 MAR -4 PM 2:33
STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: AJAY PATIL

Address: 22 VENTNOR DR

EDISON NJ 08820

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: AJAY PATIL

Address: 22 VENTNOR DR

EDISON NJ 08820

Vice President: _____

Address: _____

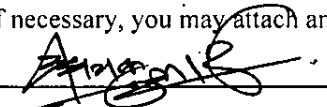
Secretary: _____

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. AJAY PATIL, CHAIRMAN/PRESIDENT

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

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13 MAR -4 PM 2:38
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

LETSVISIONIT, INC.

0100955122

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 December 1, 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.

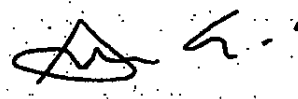
I further certify that the registered agent and registered office are:

**Dinesh Behal
1726 Raspberry Crt
Edison, NJ 08817**



Certification# 127360162

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
7th day of February, 2013*


**Andrew P Sidamon-Eristoff
State Treasurer**

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA