Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000185413 3)))



H130001854133ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

JG 20 AM II: ZZ

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

: (800)221-2972

Phone Fax Number

: (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Kmail	Address:		
-------	----------	--	--

FOREIGN PROFIT/NONPROFIT CORPORATION IME REMIT INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

HECEIVED
13 AUG 20 PM 3: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

MD 8/21

8/20/2013

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		BUSINESS	IN FLORIDA デップ		
			TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.		
1.	IME REMIT	INC	(A) (A)		
•	(Enter name of cor	poration; must include "INCORPORATED, p," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
	(If name unavailab	le In Florida, enter alternaté corporate name	adopted for the purpose of transacting business in Florida)		
2.	New York	3.	13-3958113		
_	(State or country ur	der the law of which it is incorporated)	(FEI number, if applicable)		
4.	June 19, 19	997	Perpetual		
•••	(Date o	f incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
6.		Market and the second s			
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7	72 22 Roose\	elt Ave, Jackson Heights, NY 1°	l 372 .		
••		(Principal office add	ress)		
	72 22 Roose	velt Ave, Jackson Helghts, NY 1	1372		
		(Current mailing add	ress)		
	FINANCIAL S	SERVICES			
٥.	(Purpose(s)	of corporation authorized in home state or co	untry to be carried out in state of Florida)		
9.	Name and street	address of Florida registered agent: (P.	D. Box NOT acceptable)		
	Name:	BLUMBERGEXCELBIOR CORPORATE SERVICES			
Office Address:		155 Office Plaza Drive, 1st Fl.			
		TALLAHASSEE	, Florida 32301		
		(City)	(Zip code)		
Hi de fu du	aving been names signated in this a rther agree to con atles, and I am far S	pplication, I hereby accept the appoints uply with the provisions of all statutes in unitiar with and accept the obligations of ecrotary, Marc Moel (Registered agent's si	gnature)		
11. Attached is a certificate of éxistence 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.					

AHBINAB ADHIKARY

12. Names and business addresses of officers and/or directors:				
A. DIRECTORS	₹ <u>%</u> ಪ			
Chairman: HEM RAJ DHAKAL	EA 6			
Address: KATHMANDU-4, CHANDOL, KATHMANDU, NEPAL	五四 00 -			
	HAN D			
Vice Chairman:	# 3			
	97 %			
Address:	DE S			
Director:				
Address:				
Director:				
Address:				
B. OFFICERS				
President: ABHINAB ADHIKARY				
Address: 72-22 ROOSEVELT AVENUE, JACKSON HEIGHTS, NY, 11372				
Vice President: MANISH KOIRALA				
20 10 DOCEMENT AMERICE LACUCON UDICUTE NV 11272				
Address: 12-22 ROODD V EEL AV INVOLL MONGON TEMOSTRO, 272, 11372				
Secretary:				
Address:				
Treasurer:				
Address:				
NOTE: If necessary, you may attach an addendum to the application listing additional officers an	d/or directors.			
13Signature of Director or Officer				
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the officer or director signing this document (and who is listed in number 12 above) affirms that the officer or director or Officer.	he facts stated harnin			
are true and that he or she is aware that false information submitted in a document to the Departme	ent of State constitutes			
a third degree felony as provided for in s.817.155, F.S.				

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

08/20/2013 14:40

#276 P.004/004

TALLE LANG 20 AMII: 23
SECRETARY OF STATE
FALL AHASSEE, FLORID.

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of IME REMIT, INC. was filed on 06/19/1997, under the name of REMESAS PUJOLS CORP, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

- A Biennial Statement was filed 06/17/1999.
- A Biennial Statement was filed 08/17/2001.
- A Biennial Statement was filed 06/10/2003.
- A Biennial Statement was filed 10/18/2005.
- A Biennial Statement was filed 06/25/2007.
- A Biennial Statement was filed 07/13/2009.
- A Biennial Statement was filed 07/11/2011.
- A certificate changing name to IME REMIT, INC. was filed on 08/11/2011.

I further certify that no other documents have been filed by such corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 19th day of August two thousand and thirteen.

Anthony Giardina

Executive Deputy Secretary of State

201308200281 * 39