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#### **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: GP SUPPY 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: HITEN DOSHI				
Name of Person				
GP SUPPLY INC *				
Firm/Company				
PO BOX 2122				
VOORHEES, NJ 08043				
City/State and Zip code				
hiten@sonusatellite.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
HITEN DOSHI 609 332-7575				
HITEN DOSHI at (609 ) 332-7575  Name of Person 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 & □ \$78.75 Filing Fee & Certified Copy S87.50 Filing Fee, Certified Copy				

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		TATUTES, THE FOLLOWING IS SUBMIT	TED TO
, GP SUPP		BUSINESS IN THE STATE OF FLORIDA.	SET SET
(Enter name of co	rporation; must include "INCORPORATED, rp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	9: 32
		adopted for the purpose of transacting business i	n Florida)
, NEW JER	•	46-2406474	n i fonda)
<i>4</i>	ader the law of which it is incorporated)	(FEI number, if applicable)	
4 03/29/201	3	DERPETUAL	
(Date of	f incorporation)	(Duration: Year corp. will cease to exist or "pe	erpetual")
6			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7 1008 INDL	ISTRIAL DR, STE A, WE	• • •	
/ ·	(Principal office add		
PO BOX 2	122, VOORHEES, NJ 0804	<b>1</b> 3	
	(Current mailing add	ress)	<del></del> _
	selute for TV+	· · · · · · · · · · · · · · · · · · ·	<u>fice</u>
9. Name and street	address of Florida registered agent: (P.0	D. Box <u>NOT</u> acceptable)	
Name:	NIKITA DOSHI		
Office Address:	1505 18th AVE. NORTH		
	ST. PETERSBURG	, Florida 33704	
	(City)	(Zip code)	
designated in this a further agree to co	d as registered agent and to accept servi pplication, I hereby accept the appoints	ice of process for the above stated corporat nent as registered agent and agree to act in elative to the proper and complete perforn f my position as registered agent.	this capacity. I
	Mikita Dosm (Registered agent's si	gnature)	
11 Am-1-11-			ali ta da

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	213 G
Chairman:	
Address:	135
	Mo E II
Vice Chairman:	51. S1.
Address:	REAL S
Director:	· · · · · · · · · · · · · · · · · · ·
Address:	
Audioss.	· · · · · · · · · · · · · · · · · · ·
Director:	
Address:	
B. OFFICERS  President: NIKITA DOSHI  Address: 3 LYNCH ROAD  VOORHEES, NJ 08043  Vice President: KETNA DOSHI	
Address: 5 LYNCH ROAD	
VOORHEES, NJ 08043	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	d/or directors.
13. Keikiter Doori	
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms that if are true and that he or she is aware that false information submitted in a document to the Departme a third degree felony as provided for in s.817.155, F.S.	
14. NIKITA DOSHI	<u>, , , , , , , , , , , , , , , , , , , </u>
(Typed or printed name and capacity of person signing application)	

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES

#### GP SUPPLY INC

0400561394

With the Previous or Alternate Name

SONU TV (Alternate Name)
SONU MEDIA (Alternate Name)

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 March 29, 2013.

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:

Nikita Doshi 5 Lynch Road Voorhees, NJ 08043

I further certify that the incorporator is:

Nikita Doshi 5 Lynch Road Voorhees, NJ 08043

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on: an unavailable date.

Other

Ketna Doshi

5 Lynch Road

Voorhees, NJ 08043

Other

Nikita Doshi 5 Lynch Road

Voorhees, NJ 08043

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES

GP SUPPLY INC

0400561394

THE STATE CAREAT

Certification# 130390118

Verify this certificate at https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official Seal at Trenton, this 3rd day of December, 2013

Andrew P Sidamon-Eristoff
Acting State Treasurer