

F1400000/226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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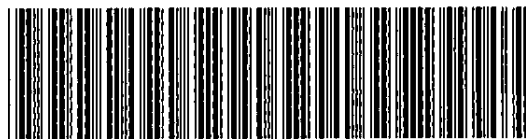
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 MAR 19 10 11 51
TO CLERK OF
SUPERIOR COURT
OF NEW JERSEY
CLERK OF SUPERIOR COURT
OF NEW JERSEY

2014 MAR 19 AM 8:00
RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

VH



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 056845 7161018

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE : March 18, 2014

ORDER TIME : 10:27 AM

ORDER NO. : 056845-070

CUSTOMER NO: 7161018

FOREIGN FILINGS

NAME: MMIP HOLDINGS INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

**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. MMIP HOLDINGS 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. New Jersey 3. 45-5003068
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/27/2013 5. Perpetual
(Date of incorporation) (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. 99 Hook Road, #5, Bayonne, NJ 07002
(Principal office address)

99 Hook Road, #5, Bayonne, NJ 07002
(Current mailing address)

8. Anything lawful and authorized under applicable law.
(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

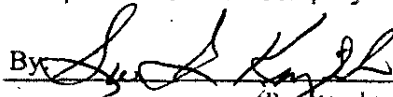
Tallahassee, Florida 32301
(City) (Zip code)

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.

Corporation Service Company

Sue G. Knight
Assistant Vice President

By 
(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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DIVISION OF CORPORATIONS
2014 MAR 19 AM 8:00

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DIVISION OF CORPORATIONS

2014 MAR 19 AM 8:00

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Tanuja Tharani

Address: 99 Hook Road, #5

Bayonne, NJ 07002

Director: _____

Address: _____

B. OFFICERS

President: Tanuja Tharani

Address: 99 Hook Road, #5

Bayonne, NJ 07002

Vice President: _____

Address: _____

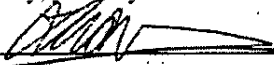
Secretary: Tanuja Tharani

Address: 99 Hook Road, #5, Bayonne, NJ 07002

Treasurer: Tanuja Tharani

Address: 99 Hook Road, #5, Bayonne, NJ 07002

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. Tanuja Tharani, President

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
2014 MAR 19 AM 8:00

MMIP HOLDINGS INC.

0400583932

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 June 27, 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:

*Manu Mirchandani
176 Laurel Avenue
Livingston, NJ 07039*



Certification# 131593815

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
19th day of March, 2014*

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

*Andrew P. Sidamon-Eristoff
State Treasurer*

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