Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H14000108508 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

; (850)878-5368

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

FOREIGN PROFIT/NONPROFIT CORPORATION **EVALUESERVE, INC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

| TO: New Filing Section Division of Corporations | • | |
|--|---|--|
| SUBJECT: Evalueserve, Inc. | | |
| Name of corporal | ion - must include suffix | |
| Dear Sir or Madam: | | |
| The enclosed "Application by Poreign Corporation "Cartificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact but | Standing" and check are submitted to register the | |
| Please return all correspondence concerning this me | itter to the following: | |
| Navnost Sharma | | |
| . Name | of Person | |
| Evalueservo, Inc. | | |
| Pirm/C | Опралу | |
| 2010 Crow Canyon Place Suite 100 | | |
| Ad | Idross | |
| San Ramon, CA 94583 | | |
| • • | e and Zip cods | |
| navneol.shama@evalukserve.com | | |
| E-mail address: (to be use | ed for future annual report notification) | |
| For further information concerning this matter, please | se call: | |
| Navncet Skarma at (91 | 124 462 1958 | |
| Name of Person Are | sa Code & Daytime Telephone Number | |
| | | |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations | MAILING ADDRESS: New Filing Section Division of Corporations | |
| Clifton Building 266f Executive Center Circle | P.O. Box 6327 Tallahassee, FL 32314 | |
| Tallahassee, PL 32301 | - I RIJER 183900, FL 32514 | |
| Enclosed is a check for the following amount: | | |
| ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status | Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy | |

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

IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT RUNNESS IN THE STATE OF FLORIDA.

| 3-4149850 (PBI number, if applicable) orpetual | _ |
|--|---------------------|
| , , , , , | |
| erpetual | |
| | |
| Duration: Year corp. will cease to exist or "perpetual") |) |
| 2, F.S., to determine penalty liability) | - |
| IS) | _ |
| | هب سه |
| riry to be carried out in state of Florida) | 350 N 1 |
| | NAY YAN |
| ••• (n (r) | 5 |
| רוי | |
| 7710-ride 333324) | |
| (Zip code) | SI ALE |
| | Box NOT acceptable) |

11. Attached is a certificate of existence fully 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.

(Registered agent's signature)

By:

| I2. Nan | nes and business addresses of officers and/or directors: | | |
|--------------------------|---|--------------|---|
| | ECTORS | | |
| Chairman | Nandial Gangwani | _ | |
| Adilruss: | 2010 Crow Canyon Piace, Buito 100 San Ramon CA 94583 | - | |
| | | _ | |
| Vice Chai | iman: Mare Vollenweider | _ | |
| Address: | Margaritonweg 209 9711 Puternion, Austria | _ | |
| • | | _ | |
| Director: | | _ | |
| Address: | | - | |
| | | _ | |
| Director: | | - | |
| ∧ddross: | | _ | |
| | | - | |
| B. OFF | ICERS | | |
| President: | Marc Vollenweider | 17 | |
| Address; | Morgaritonweg 209 9711 Paterolon, Austria | A | |
| | $\mathcal{S}_{\mathcal{O}}$: | 9 | |
| Vice Pres | ident: | - <u>-</u> - | , |
| Address: | (C) | LO. | 1 |
| | 型 <u>产</u> 三四 | 91 | |
| Secretary: | Cabriela Vollenweider | | |
| Address: | Murgaritenweg 209, 9711 Pateralon Austria | | |
| Freasurer: | Nandlai Gaagwani | | |
| Address: | 2010 Crow Canyon Place, Suite 100 San Ramon, CA 94583 | _ | |
| NOTE: | If necessary, you may attach an addendum to the application listing additional officers and/or directors. | | |
| 13 | Bapa | | |
| uro truo a Lithird do | Signature of Director or Officer er or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes agree felony as provided for in s.817.155, F.S. | | |
| 4. Nanc | lial Gangwani, Director | | |
| _ | (Typed or printed name and capacity of person signing application) | | |

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAMARE, DO HEREBY CERTIFY "EVALUESERVE, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MAY, A.D.
2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES
HAVE BEEN PAID TO DATE.

14 HAY -6 AM 9: 46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

3304839 8300

140571918

You may verify this certificate online

Infrey W. Bullock, Secretary of St.

DATE: 05-06-14