

F14000003519

(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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PALM BEACH COUNTY
PALM BEACH, FLORIDA

W14-31013

08/22/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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14 AUG 21 12 11:28
SECRET
TALLAHASSEE, FLORIDA

May 15, 2014

SRIBASH DEY
E-INFOCHIPS, INC.
1230 MIDAS WAY, SUITE #200
SUNNYVALE, CA 94085

SUBJECT: E-INFOCHIPS, INC.
Ref. Number: W14000031013

We have received your document for E-INFOCHIPS, 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 314A00010539

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: E-INFOCHIPS, 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:

BISWAJIT ROY

Name of Person

E-INFOCHIPS, INC.

Firm/Company

1230 MIDAS WAY SUITE # 200

Address

SUNNYVALE CA 94085

City/State and Zip code

bisu.roy@infochips.com

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

For further information concerning this matter, please call:

BISWAJIT ROY

at (650) 387-8350

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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. E-INFOCHIPS, 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. CALIFORNIA 3. 77-0481257
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/20/1998 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 05/15/2014
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 601 21ST STREET SUITE # 300 VERO BEACH FL 32960
(Principal office address)
- 1230 MIDS WAY SUITE 3 200 SUNNYVALE CA 94085
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DILIP SUTARIYA

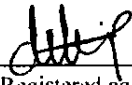
Office Address: 1020 HIDDEN HARBOR DRIVE APT # D2

MELBOURNE, Florida 32935
(City) (Zip code)

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TALLAHASSEE, FLORIDA

9. 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.

By: 
(Registered agent's signature)

10. 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.

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

A. DIRECTORS

Chairman: PRATUL SHROFF
Address: 1230 MIDAS WAY SUITE # 200
SUNNYVALE CA 94085

Vice Chairman: _____
Address: _____

Director: SRIBASH DEY
Address: 1230 MIDAS WAY SUITE # 200
SUNNYVALE CA 94085

Director: _____
Address: _____

B. OFFICERS

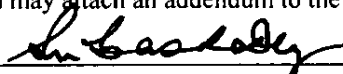
President: PRATUL SHROFF
Address: 1230 MIDAS WAY SUITE # 200
SUNNYVALE CA 94085

Vice President: _____
Address: _____

Secretary: SRIBASH DEY
Address: 1230 MIDAS WAY SUITE # 200 SUNNYVALE CA 94085

Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
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.

13. SRIBASH DEY
(Typed or printed name and capacity of person signing application)

FILED
14 AUG 21 4 08 37
STATE
HILARIOUS, ILLINOIS

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

E-INFOCHIPS, INC.

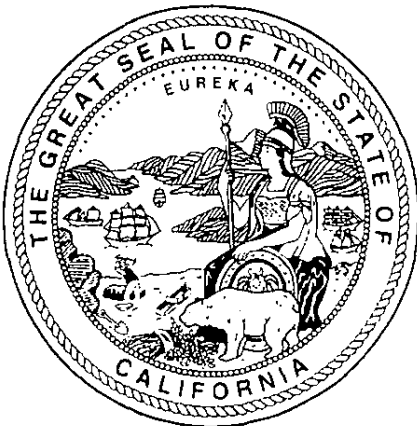
FILE NUMBER: C2071072
FORMATION DATE: 02/20/1998
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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SECRETARY OF STATE
CALIFORNIA

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of July 10, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State