# F15000000932

| (Requestor's Name)                      |  |  |  |
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| (Address)                               |  |  |  |
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| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
|   |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
|   |  |  |  |
|   |  |  |  |
| (Business Entity Name)                  |  |  |  |
|   |  |  |  |
| (Document Number)                       |  |  |  |
|   |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |
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TO ACKNOWLEDGE SUFFICIENCY OF FILING DESAGGERIAL OF SEC

PILED FILED AND S3

#### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

r :

3/5/15

NAME: MULTIVISION INC

TYPE OF FILING: APPLICATION

COST:

78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL

#### COVER LETTER

| TO: New Filing Section Division of Corporations  |  |  |  |
|--|--|--|--|
| SUBJECT: Multivision 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:  |  |  |  |
| Capitol Services - CORP Filings Team   |  |  |  |
| Name of Person   |  |  |  |
| Capitol Services, Inc.   |  |  |  |
| Firm/Company   |  |  |  |
| 800 Brazos, Ste 400  |  |  |  |
| Address  |  |  |  |
| Austin, TX 78701   |  |  |  |
| City/State and Zip code  |  |  |  |
| ravi@multivision.net   |  |  |  |
| E-mail address: (to be used for future annual report notification)   |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |
| at ( 800 ) 345-4647  |  |  |  |
| Name of Person Area Code & Daytime Telephone Number  |  |  |  |
|  |  |  |  |
| STREET/COURIER ADDRESS: New Filing Section  MAILING ADDRESS: New Filing Section  |  |  |  |
| Division of Corporations Division of Corporations  |  |  |  |
| Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314  |  |  |  |
| Tallahassee, FL 32301  |  |  |  |
| Enclosed is a check for the following amount:  |  |  |  |
| \$70.00 Filing Fee \$\ \text{Certificate of Status} \text{S78.75 Filing Fee & Certified Copy} \text{Certificate of Status & Certified Copy} \text{S87.50 Filing Fee, Certified Copy}   |  |  |  |

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

IN COMPLIANCE SYTTH SECTION 607, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| (If name unavail      | able in Florida, enter alternate corporate name | adopted for the purpose of transacting business in Florida)                        |
|-----------------------|---|--|
| DE                    | 3,  | 371478943  |
| (State or countr      | y under the law of which it is incorporated)    | (14s) number, if applicable)   |
| 11/17/2003            |   | Perpelual  |
| (Date                 | of incorporation)                               | (Duration: Year corp. will cease to exist or "perpetual")                          |
| 3/16/2015             |   |  |
|                       | ,   | u Florido, if prior to registration)<br>502, F.S., to determine penulty liability) |
| 10565 Fairfa          | x Blvd STE 205                                  |  |
|                       | (Principal office add                           | 1624)  |
| Fairfax, VA           | 22030   |  |
|                       | (Current mailing add                            | resa)  |
| Name and <u>stree</u> | et address of Florida registered agent: (P.     | D. Box <u>NOT</u> acceptable)  |
| Name:                 | Capitol Corporate Services, Inc.                |  |
| ffice Address:        | 155 Office Plaza Dr. Ste A                      |  |
|                       | Tallahassee                                     | , Florida <u>32301</u>   |
|                       | (City)  | (Zip code)   |

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.

Gayle Windle, Asst. Sec. on behalf of Capitol Corporate Services, Inc.

| A. DIRECTORS  |  |
|---|--|
| Chairman: Srikanth Ramachandran                         |  |
| Address: 10565 Fairfax Blvd STE 205                     |  |
| Fairfax, VA 22030                                       |  |
| Vice Chairman:  |  |
| Address:  |  |
|   |  |
| Director: Ravi Addepalli                                |  |
| Address: 10565 Fairfax Blvd STE 205                     |  |
| Fairfax, VA 22030                                       |  |
| Director: Ashwin Bharath                                |  |
| Address: 10565 Fairfax Blvd STE 205                     |  |
| Fairfax, VA 22030                                       |  |
| B. OFFICERS   |  |
| President: Srikanth Ramachandran                        |  |
| Address: 10565 Fairfax Blvd STE 205                     |  |
| Fairfax, VA 22030                                       |  |
| Vice President:   |  |
| Address:  |  |
|   |  |
| Secretary:  |  |
| Address:  |  |
| Treasurer:  |  |
| Address:  |  |
| NOTE: If necessary, you may attach an addendum to the a | oplication listing additional officers and/or directors.   |
| Signature of Dir  | ector or Officer   |
|   | ted in number 12 above) affirms that the facts stated herein<br>bmitted in a document to the Department of State constitutes |
| 3. Ravi Addepalli, Director                             |  |

## Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MULTIVISION 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 FIFTH DAY OF MARCH, A.D.
2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MULTIVISION INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2003.

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.

3728492 8300

150316734



AUTHENTICATION: 2172128

DATE: 03-05-15