

F15000001002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

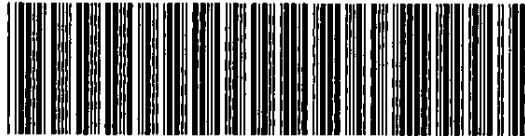
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/09/15--01002--004 **78.75

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15 MAR -9 PM 1:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

3 11 15 9

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SLK AMERICA 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:

MURTHY CHERALA

Name of Person

SLK AMERICA INC.

Firm/Company

507 WEXFORD CT

Address

ST. CHARLES, IL 60175

City/State and Zip code

MURTHY.CHERALA@SLK-SOFT.COM

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

For further information concerning this matter, please call:

MURTHY CHERALA at (630) 881 0924

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. SLK AMERICA 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. NEVADA

(State or country under the law of which it is incorporated)

3. 98-0347939

(FEI number, if applicable)

4. 03/26/2001

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. 03/15/2015

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 507 WEXFORD CT, SAINT CHARLES, IL 60175

(Principal office address)

507 WEXFORD CT, SAINT CHARLES, IL 60175

(Current mailing address)

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

Name: NATIONAL REGISTERED AGENTS INC

Office Address: 1200 SOUTH PINE ISLAND RD

PLANTATION

(City)

, Florida 33324

(Zip code)

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.

National Registered Agents.

(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.

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OF
FLORIDA
TALLAHASSEE

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

A. DIRECTORS

Chairman: PARTH AMIN
Address: 563-564 NEW BEL RD, SANJAYNAGAR
BANGALORE 560094 INDIA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PARTH AMIN
Address: 563-564 NEW BEL RD, SANJAYNAGAR
BANGALORE 560094 INDIA

Vice President: _____

Address: _____

Secretary: B.R.JAYAKUMAR

Address: 563-564 NEW BEL RD, SANJAYNAGAR, BANGALORE 560094 INDIA

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. B.R. JAYAKUMAR

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

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

JEFFERY LANDERFELT
*Deputy Secretary
for Commercial Recordings*



OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

Murthy Cherala
SLK AMERICA INC
507 Wexford Ct
Saint Charles, IL 60175

Job: C20150304-0097
March 4, 2015

Special Handling Instructions:

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Cert of Existence (good standing - short form)	7589-2001	3/26/2001	1	\$50.00	\$50.00
Total					\$50.00

Payments

Type	Description	Amount
Credit	213272 15030463069660	\$50.00
Total		\$50.00

Credit Balance: \$0.00

Job Contents:

Web Certificate of Good Standing 1
Short(s):

Murthy Cherala
SLK AMERICA INC
507 Wexford Ct
Saint Charles, IL 60175

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SLK AMERICA, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 26, 2001, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 4, 2015.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20150304-0097
You may verify this electronic certificate
online at <http://www.nvsos.gov/>