Division of Corporations **Electronic Filing Cover Sheet**

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(((H15000082520 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: INCORPORATING SERVICES FL

Account Number : 120050000052 Phone

: (850)656-7956

Fax Number

: (850)656-7953

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

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION

Transformair, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

EST. (25.5)

Electronic Filing Menu

Corporate Filing Menu

Help

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. Transformair, 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) (PEI number, if applicable) (State or country under the law of which it is incorporated) 2/11/2015 5. perpetual (Duration: Year corp. will cease to exist or "perpetual") (Deta of incorporation) N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability) 3802 Spectrum Blvd., Suite 143, Tampa, FL 33612 (Principal office address) evods as emiss (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Lovely Goswami Name: 17962 Cachet Isle Dr. Office Address: Tampa 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 didies, and I am familiar with and accept the obligations of my position as registered agent. Lovely Goswami

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Lovely Goswami
Address: 3802 Spectrum Blvd., Suite 143
Татра, FL 33612
Vice Chairman:
Address:
Director:
Address:

Director:
Address:
B. OFFICERS
President: Lovely Goswami
Address: 3802 Spectrum Blvd., Suite 143
Tamps, FL 33612
Vice President:
Address:
Secretary: Curtis L. Mo
Address: 2000 University Avenue, East Palo Alto, CA 94503
Treasurer: Jaya Goswarni
Address: 3802 Spectrum Blvd., Suite 143, Tampa FL 33612
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12Signature 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.
Lovely Goswami , President
(Typed or printed name and capacity of person signing application)

COVER LETTER

TO: New Filing Section Division of Corporation	8			
SUBJECT: Transformair, Inc.	•			
DODGEOT:	Name of corporation	- must include suffix	_	
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence," or "C above referenced foreign corpor	ertificate of Good Star	iding" and check are sub		
Please return all correspondence	concerning this matter	to the following:		
Lovely Goswami				
	Name of	Person		
Transformair, Inc.				
	Firm/Con	pany		
3802 Spectrum Blvd., Suite 143				
	Addr	ess		
Tampa FL 33612				
	City/State a	nd Zip code		
lg@attlab.com				
(St. ptx	free transport (to be used to	for future annual report r	notification)	
For further information concerns	ing this matter, please o	call:		
Jonathan D. Frohnmayer	650	833-2365		
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 Enclosed is a check for the following amount:		ction prorations		
☐ \$70.00 Filing Fee ☐ \$78	_	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HERBY CERTIFY "TRANSFORMAIR, 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 SECOND DAY OF APRIL, A.D.
2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRANSFORMAIR, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HERBBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5694548 8300

150460249

AUTHENTYCATION: 2260200

DATE: 04-02-15

You may verify this certificate online at corp. delaware. gov/authver. shtml