

F15 000003376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

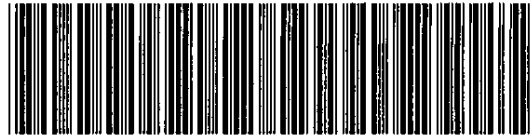
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/31/15--01010--020 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 03 2015
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations
MAGANI INC.

SUBJECT: _____
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:
GANGADHAR R MANDA

_____	Name of Person
MAGANI INC.	
_____	Firm/Company
415 E PINE ST, APT # 1419	
_____	Address
ORLANDO, FL, 32801	
_____	City/State and Zip code
GMANDA@GMAIL.COM	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GANGADHAR R MANDA	512	665-0101
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

MAGANI INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

GANIMAN INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
NEW YORK EIN # 46-2767497

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

14-MAY-2013

4. _____ 5. N/A Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

N/A

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

415 E PINE ST, APT#1419, ORLANDO, FL 32801

7. _____
(Principal office address)

(Current mailing address, if different)

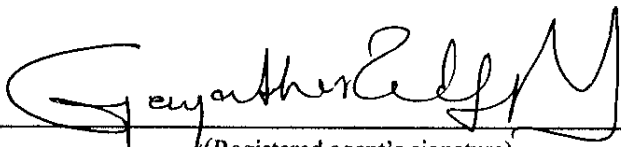
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: _____
GANGADHAR R MANDA
415 E PINE ST, APT # 1419

Office Address: _____
ORLANDO 32801
_____, Florida _____
(City) (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.



(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

GANGADHAR R MANDA

President: _____

415 E PINE ST, APT # 1419, ORLANDO, FL, 32801

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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 11 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.

GANGADHAR R MANDA / 27-JUL-2015 (PRESIDENT)

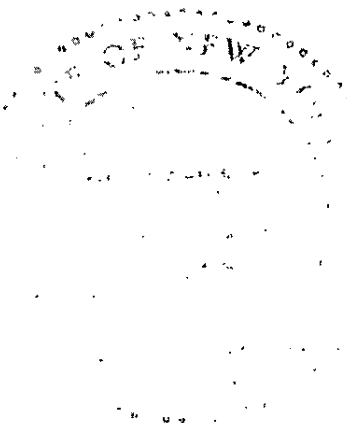
13. _____

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

15 JUL 31 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MAGANI INC. was filed on 05/14/2013, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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SECRETARY OF STATE
ALBANY, FLORIDA

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 22nd day of July two
thousand and fifteen.*

Anthony Scardino

Executive Deputy Secretary of State