

F15000004042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

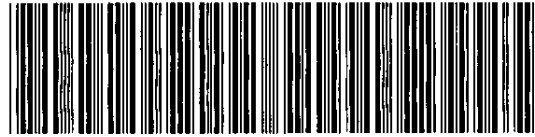
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

R.A. sign WIS-55487

Office Use Only



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08/18/15--01017--008 **78.75

2015 SEP 11 P 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SEP 14 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2015

HARISH BATHINI
15 CORPORATE PLACE SOUTH, SUITE 425
PISCATAWAY, NJ 08854

SUBJECT: DATAWIN SYSTEMS INC.
Ref. Number: W15000055487

We have received your document for DATAWIN SYSTEMS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU MUST HAVE A REGISTERED AGENT WITH A FLORIDA STREET ADDRESS THE DIV OF CORPORATIONS CAN NOT ACT AS YOUR REGISTERED AGENT

Please return 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) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 615A00018391



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2015

HARISH BATHINI
15 CORPORATE PLACE SOUTH, SUITE 425
PISCATAWAY, NJ 08854

SUBJECT: DATAWIN SYSTEMS INC.
Ref. Number: W15000055487

We have received your document for DATAWIN SYSTEMS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 215A00017514

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DATAWIN SYSTEMS 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:

HARISH BATHINI

Name of Person

DATAWIN SYSTEMS INC

Firm/Company

15 CORPORATE PLACE SOUTH, SUITE #425

Address

PISCATAWAY, NJ.08854

City/State and Zip code

TINA@DATAWINSYSTEMS.COM ; HARISH@DATAWINSYSTEMS.COM

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

For further information concerning this matter, please call:

TINA R

7 32

981-0400 X10

Name of Person

at ()

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:

☐ \$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**

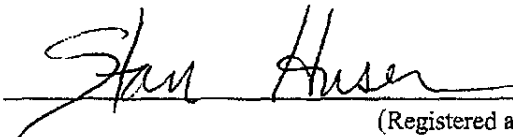
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. DATAWIN SYSTEMS INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- DATAWIN SYSTEMS INC
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NEW JERSEY 3. 41-2262224
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/14/2007 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 15 CORPORATE PLACE SOUTH, SUITE 425, PISCATAWAY, NJ,08854
(Principal office address)
- 15 CORPORATE PLACE SOUTH, SUITE 425, PISCATAWAY, NJ,08854
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: NRAI Services, Inc.
- Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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SECRETARY OF STATE
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.


(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: HARISH BATHINI
15 CORPORATE PLACE SOUTH, SUITE 425, PISCATAWAY, NJ,08854
Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: RANI MUSHKY

15 CORPORATE PLACE SOUTH, SUITE 425, PISCATAWAY, NJ,08854
Address: _____

Treasurer: _____

Address: _____

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

12. M. Rami
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.

13. RANI MUSHKY

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

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2015 SEP 11 P 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

DATAWIN SYSTEMS INC.

0100987357

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on December 14, 2007.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Harish Bathini
15 Corporate Place South
Suite #425
Piscataway, NJ 08854*



Certification# 137024368

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
5th day of August, 2015*

Robert A. Romano

Robert A Romano
Acting State Treasurer

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp