

F76000000980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

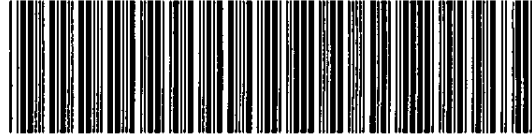
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EMD SYSTEMS SOFTWARE PRIVATE LIMITED

\_\_\_\_\_  
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:

WILLIAM R. HUSEMAN, ESQ.

\_\_\_\_\_  
Name of Person

WILLIAM R. HUSEMAN, P.A.

\_\_\_\_\_  
Firm/Company

9957 MOORINGS DRIVE, SUITE 201

\_\_\_\_\_  
Address

JACKSONVILLE, FLORIDA 32257

\_\_\_\_\_  
City/State and Zip code

WHUSEMAN@JAXATTYS.COM

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

For further information concerning this matter, please call:

WILLIAM R. HUSEMAN

904 448-5552  
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:

- ☒ \$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. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

EMD SYSTEMS SOFTWARE PRIVATE LIMITED COMPANY

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

INDIA

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

11/18/2009

4. \_\_\_\_\_ 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)

9957 MOORINGS DRIVE, SUITE 201, JACKSONVILLE, FLORIDA 32257

7. \_\_\_\_\_  
(Principal office address)

9957 MOORINGS DRIVE, SUITE 201, JACKSONVILLE, FLORIDA 32257

(Current mailing address, if different)

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

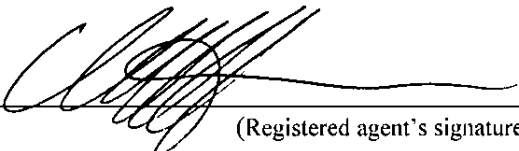
Name: WILLIAM R. HUSEMAN, P.A.

Office Address: 9957 MOORINGS DRIVE, SUITE 201

JACKSONVILLE, Florida 32257  
(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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: SUNDARARAJ ALAGUARAJ

Address: 9957 MOORINGS DRIVE, SUITE 201

JACKSONVILLE FL 32257

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.

13. SUNDARARAJ ALAGUARAJ

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



प्रारूप 1  
पंजीकरण प्रमाण-पत्र

कॉर्पोरेट पहचान संख्या : U72200TN2009PTC073582

2009 - 2010

मैं एतद्वारा सत्यापित करता हूँ कि मैसर्स

EMD SYSTEMS SOFTWARE PRIVATE LIMITED

का पंजीकरण, कम्पनी अधिनियम 1956 (1956 का 1) के अंतर्गत आज किया जाता है और यह कम्पनी प्राइवेट लिमिटेड है।

यह निगमन-पत्र आज दिनांक अठारह नवम्बर दो हजार नौ को मेरे हस्ताक्षर से चेन्नई में जारी किया जाता है।

Form 1  
Certificate of Incorporation

Corporate Identity Number : U72200TN2009PTC073582

2009 - 2010

I hereby certify that EMD SYSTEMS SOFTWARE PRIVATE LIMITED is this day incorporated under the Companies Act, 1956 (No. 1 of 1956) and that the company is private limited.

Given under my hand at Chennai this Eighteenth day of November Two Thousand Nine.



(K. THIRUKALAIMUTHU)

उप कम्पनी रजिस्ट्रार / Deputy Registrar of Companies  
तमिलनाडु, चेन्नई, अंदमान और निकोबार द्वीप  
Tamil Nadu, Chennai, Andaman and Nicobar Islands

कम्पनी रजिस्ट्रार के कार्यालय अभिलेख में उपलब्ध पत्राचार का यथा :

Mailing Address as per record available in Registrar of Companies office:

EMD SYSTEMS SOFTWARE PRIVATE LIMITED  
NO.24, CHOKKANATHAR STREET, KARTHIKEYAN NAGAR, MADURAVOYAL,  
CHENNAI - 600095,  
Tamil Nadu, INDIA