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| (Req | uestor's Name) | |
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| (Add | ress) | |
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| (City | /State/Zip/Phone | e #) |
| PICK-UP | Mait Mait | MAIL |
| (Bus | iness Entity Nar | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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APR 2 2 2016 Y SULKER RICHARD L. ZIFF, P.A. 1961 N.W. 150th Avenue Suite 102 Pembroke Pines, Florida 33028 Phone No. (954) 239-4545 Fax No. (954) 239-4546

April 20, 2016

Division of Corporations Attn: Registration Section 2661 Executive Drive Circle Tallahassee, FL 32301

Re: Thampans Management, Inc.

Dear Sir/Madam:

Enclosed is the application by foreign corporation for authorization to transact business in Florida together with a certified copy of the Certificate of Incorporation from the State of New York.

Also enclosed is our check in the amount of \$70.00 that represents the filing fee and a self-addressed, stamped envelope for you to return the original to this office.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

Richard Z. Ziff BC Richard L. Ziff

Enc.

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Thompons Monagement Inc. Name of corporation - must include suffix |
| 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: |
| McLEPLED CHROCED Name of Person |
| Name of Person |
| THOMORUS MANNER TH |
| THOMPONS MANGURMENS, Tax. Firm/Company |
| |
| 5011 BRICKSTONE TEK Address |
| Aquiess |
| (copper City PL 33330 |
| City/State and Zip code |
| MYLAMON & GATE. NET |
| Copper CTY PL 3.3330 City/State and Zip code MYLAMON & GATE. NOT E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Mt Lepuva La Chock at (954) 401-6775 Name of Person Area Code Daytime Telephone Number |
| Name of Person Area Code Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: |
| \$70.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee & \Bigcup \\$78.75 Filing Fee & \Bigcup \\$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy 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. | THAMPANS MANAGEMENT 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. | NEWYORK. 3. 47-5663972. (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| | (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| 4. | 11 - 23 - 2015 5. (Date of incorporation) (Date of duration, if other than perpetual) |
| | (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 | |
| ٠٠. | 131 DIAMOND ST., ELMONT, NY-11003. (Principal office address) |
| | |
| | 131 DIAMOND ST, ELMONT, N.Y-11003 (Current mailing address, if different) |
| | ~~ . |
| 8. | Name and street address of Florida registered agent: (P.O. Box NOT acceptable) |
| | Name: MELEPHROLEM CHACKO |
| Of | Name: Melephronkm Chincko Name: Soil Brockstone TER Coper City, Florida 33336 (City) Name: Street address of Florida registered agent: (P.O. Box NOT acceptable) Respectively. Respe |
| | Capper City |
| | (City), Florida 33336 (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: Y, ALEX T. THAMPAN Address: 13/ DIAMOND ST. ELMONT NY. 11003. Vice Chairman: y Address: Director: J ELSAMMA THAMPAN Address: 131 DIAMOND ST. ELMONT NY. 11003. **B. OFFICERS** President: ALEX T. THAMPAN Address: 131 DIAMOND ST. ELMONT NY 11003 Vice President: Secretary: Treasurer: NOTE: If neeessary, you may attach an addendum to the application listing additional officers and/or directors. 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. PRESIDENT 13. ALEX. T. THAMPAN. (Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of THAMPANS MANAGEMENT INC. was filed on 11/23/2015, 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.



* * *

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 08th day of March two thousand and sixteen.

Executive Deputy Secretary of State