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(Rec	questor's Name)	<u></u>
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PICK-UP	WAIT	MAIL
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(Doc	cument Number)	
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D. SCOTT APR 2 8 2017 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 617179 7897781

AUTHORIZATION

COST LIMIT : \$ 87.50

ORDER DATE: April 27, 2017

ORDER TIME : 12:52 PM

ORDER NO. : 617179-005

CUSTOMER NO: 7897781

FOREIGN FILINGS

NAME: ASI SYSTEM INTEGRATION, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

	stration Sec				
SUBJECT:	ASI Syste	m Integration, Inc.			
SUBJECT.		Name of	corporation	- must include suffix	
Dear Sir or M	1adam:				
"Certificate of	of Existence		of Good Stan	Authorization to Transact ding" and check are subness in Florida.	
Please return Sonny Bindra	all corresp	ondence concernin	g this matter	to the following:	
			Name of I	Person	
ASI System In	ntegration, Ir	ic.			
	•		Firm/Com	oany	·
48 West 37th	Street, 4th F	loor			
New York, No	ew York 100	18	Addre	ss	
sbindra@asisy	/stem.com		City/State ar	d Zip code	75.0 75.0 75.0
	·	E-mail address:	(to be used for	or future annual report no	ntification)
For further in	formation	concerning this ma	tter, please c	all:	27
Sonny Bindra		а	212 t (736-0111	
Nam	e of Persor		Area Code	Daytime Telepho	one Number 8
Regis Divis Clifto 2661	stration Sec sion of Corp on Building	oorations Center Circle		MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a	check for t	he following amou	ınt:		
□ \$70.00 Fi	ling Fee	☐ \$78.75 Filing Certificate of		\$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.	egration, Inc.		
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavails	ible in Florida, enter alternate corporate name ac	dopted for the purpose of transacting business in Florid	a)
	y under the law of which it is incorporated)		
06/17/2005	·	•	
(Date of incorporation) 5.		(Date of duration, if other than perpetual)	
48 West 37th Stre	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 eet, 4th Floor, New York, New York 10018	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
•	(Principa	al office address)	
	(Current mailing	g address, if different)	
. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	3 =
Name:	Corporation Service Company		
Office Address:	1201 Hays Street	王岛	α -
	Tallahassee	32301 Florida	8
	(City)	(Zip code)	-
Registered 200		ce of process for the above stated corporation at t tent as registered agent and agree to act in this ca	
daving been nam lesignated in this urther agree to co		elative to the proper and complete performance of my position as registered agent.	
laving been num lesignated in this urther agree to co luties, and I am f	omply with the provisions of all statutes re- amiliar with and accept the obligations of	elative to the proper and complete performance of my position as registered agent. Melissa Zender	f my
laving been num lesignated in this urther agree to co luties, and I am f	omply with the provisions of all statutes reamiliar with and accept the obligations of orporation Service Company	elative to the proper and complete performance of my position as registered agent.	f my

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 Sonny Chabra Chairman: 48 West 37th Street, 4th Floor Address: New York, New York 10018 Vice Chairman: _ Address: _ **B. OFFICERS** Sonny Chabra President: 48 West 37th Street, 4th Floor New York, New York 10018 Vice President: Sonny Chabra Secretary: 48 West 37th Street, 4th Floor, New York, New York 10018 Treasurer: Address: NOTE: If necessary, 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

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

a third degree felony as provided for in s.817.155, F.S.

Sonny Chabra, Sole Director & President

State of New York Department of State State

I hereby certify, that the Certificate of Incorporation of ASI SYSTEM INTEGRATION, INC. was filed on 06/17/2005, under the name of AMC SYSTEM INTEGRATION, INC., 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.

A Certificate of Amendment AMC SYSTEM INTEGRATION, INC., changing its name to ASI SYSTEM INTEGRATION, INC., was filed 09/09/2005.



Witness my hand and the official seal of the Department of State at the City of Albany, this 25th day of April two thousand and seventeen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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