

F7000001920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

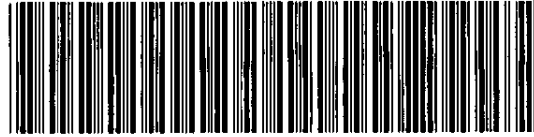
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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STATE OF FLORIDA
TALAHASSEE, FLORIDA

D. SCOTT
APR 28 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 617179 7897781
AUTHORIZATION : *[Handwritten Signature]*
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
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

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17 APR 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASI System Integration, 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:

Sonny Bindra

Name of Person	
ASI System Integration, Inc.	
Firm/Company	
48 West 37th Street, 4th Floor	
Address	
New York, New York 10018	
City/State and Zip code	
sbindra@asisystem.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Sonny Bindra	212	736-0111
Name of Person	Area Code	Daytime Telephone Number

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SECRETARY OF STATE

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. ASI System Integration, 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. New York 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/17/2005 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. 48 West 37th Street, 4th Floor, New York, New York 10018
(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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TALLAHASSEE, FLORIDA

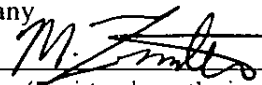
9. Registered agent's acceptance:

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.

Melissa Zender
Asst. Vice President

Corporation Service Company

By: _____



(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: Sonny Chabra
48 West 37th Street, 4th Floor
Address: New York, New York 10018

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Sonny Chabra
48 West 37th Street, 4th Floor
Address: New York, New York 10018

Vice President: _____
Address: _____

Secretary: Sonny Chabra
48 West 37th Street, 4th Floor, New York, New York 10018
Address: _____

Treasurer: _____
Address: _____

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17 APR 27 AM 8 00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

12. *Sonny Chabra*
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. Sonny Chabra, Sole Director & President
(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 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.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", is written over a horizontal line.

Brendan W. Fitzgerald
Executive Deputy Secretary of State

201704260419 * 45

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STATE OF NEW YORK
TALLAHASSEE, FLORIDA