

F17000003301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

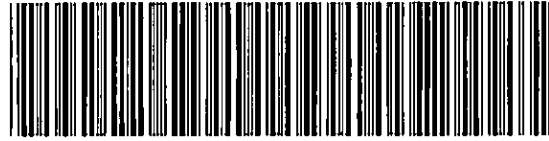
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FL 32304

2017 JUL 24 AM 8:15

FILED

DEPT. OF REVENUE

17 JUL 24 PM 12:08

JUL 26 2017
J. HARRIS

Handwritten signature/initials

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corp-help@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 7/24/2017

PRIORITY Routine

OUR REF # (Order ID#) 590122

ORDER ENTITY
ANNEXMED INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

ANNEXMED INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized - Please honor the original submission date as the file date, thanks!

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2017

INCORPORATING SERVICES
MELISSA STOPS

SUBJECT: ANNEXMED INC.
Ref. Number: W17000060867

2017 JUL 24 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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We have received your document for ANNEXMED INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 317A00014937

2017 JUL 25 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. ANNEXMED 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)

NEW YORK

2. _____
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. 7/14/2017

(Date of incorporation)

5. _____

(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. 29 SARATHY NAGAR, VELACHERY CHENNAI TAMIL NADU 600042 INDIA

(Principal office address)

(Current mailing address, if different)

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

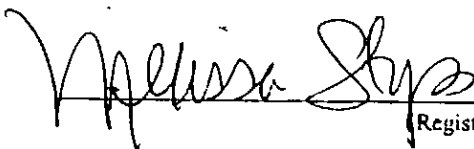
Name: Incorporating Services Ltd.

Office Address: 1540 Glenway Drive

Tallahassee, Florida 32301
(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.

2017 JUL 24 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

A. DIRECTORS

Chairman: JOHN BRITTO MARIYAN
Address: D3 CHETTINAD ENCLAVE S. KOLATHUR ROAD NARAVANAPURAM CHENNAI TAMIL NADU 600100
INDIA

Vice Chairman: _____
Address: _____

Director: JOHN BRITTO MARIYAN
Address: D3 CHETTINAD ENCLAVE S. KOLATHUR ROAD NARAVANAPURAM CHENNAI TAMIL NADU 600100
INDIA

Director: _____
Address: _____

B. OFFICERS

President: JOHN BRITTO MARIYAN
Address: D3 CHETTINAD ENCLAVE S. KOLATHUR ROAD NARAVANAPURAM CHENNAI TAMIL NADU 600100
INDIA

Vice President: AMUDHA KOLANDAISAMY
Address: 282 4TH CROSS STREET KAPALEESWARAR NAGAR NEELANKARAI CHENNAI TAMIL NADU 600041
INDIA

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

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2019 JUL 24 AM 8:15
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

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. JOHN BRITTO MARIYAN, 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 ANNEXMED INC. was filed on 07/14/2017, 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 21st day of July
two thousand and seventeen.*

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

Brendan W. Fitzgerald
Executive Deputy Secretary of State