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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CALTER SOLUTIONS 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:
RAGHAVENORA RAJU WATADA
Name of Person
CALTER SOLUTIONS INC
Firm/Company
40979 FREMONT BLVD, SUITE 207
Address
40979 FREMONT BLVD, SUITE 207 Address FREMONT CA 94538 City/State and Zip code
City/State and Zip code
RAGHAV @ CALTEK. US
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RAGHAVENORA WATAOA at (240) 291 27 27 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 Clother 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 & \$\$78.75 Filing Fee & \$\$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. CALTEK SOLUTIONS JNC.

(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. CALIFORNIA 3. 46-3279457

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. OF /II / 2013 5. (Date of duration, if other than perpetual)

6. ACGUST, 20, 2017

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 40979 FLEMONT BLYD SUITE 2.07 FREMONT CA 94555
(Principal office address)

(Current mailing address, if different)

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

Name: MATHA GANESWARA RAD

Office Address: 11472 WAKEWORTH ST

CRLANDO FL Florida 32836
(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: ____RAGHANENORA RAJU WATADA FREMONS SVITE 207 94538 FREMONTI CA Vice Chairman: HIMABINDU GOPISETTI TEL_____ Address: 3943 RIVERBEND ___ FREMONT CA 94555 Address: _ _ _ _ _ _ B. OFFICERS Epresident: _ _ SUDEESH ANAND MUPURI Address: 12409 HIDDEN RON DR FRISCO TX 75035 President: _____RAGHANENDILA RAJU WATADA Address: 40979 FREMUNT BOND SUITE 207 FREMUNT (A 94538 Secretary: ____ Address: _____ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Bignature 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.

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

13. RAGHAVENORA RAJU WATADA, DIRECTUR

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CALTEK SOLUTIONS INC.

FILE NUMBER:

C3586991

FORMATION DATE:

07/11/2013

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I. ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 02, 2017.

ALEX PADILLA Secretary of State