

F 1800000 2979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

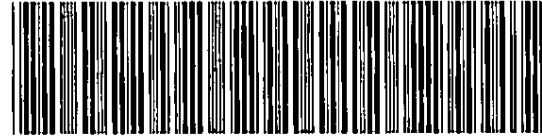
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

04138 WB-52117

Office Use Only



300313786463

2018 JUN 25 AM 6:30  
Filing Office  
1111 Avenue of the Americas  
New York, NY 10036  
212 312 3400  
www.dor.state.ny.us

B FIGUEROA

JUN 26 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 4, 2018

TRIVIKRAMAN SHREEKUMAR THAMPY  
9400 W BAY HARBOR DR UNIT 402  
BAY HARBOR ISLANDS, FL 33154

SUBJECT: PLAY GAMES 24X7 PRIVATE LIMITED  
Ref. Number: W18000052117

We have received your document for PLAY GAMES 24X7 PRIVATE LIMITED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

Please return the corrected original and one copy of 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.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 718A00011543

RECEIVED

2018 JUN 25 PM 1:52

REGISTRATION OF STATE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PLAY GAMES 24X7 PRIVATE LIMITED  
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:  
TRIVIKRAMAN SHREEKUMAR THIAMPY

Name of Person  
PLAY GAMES 24X7 PRIVATE LIMITED  
Firm/Company  
9400 W BAY HARBOR DRIVE UNIT 402  
Address  
BAY HARBOR ISLANDS, FLORIDA 33154  
City/State and Zip code  
PRAKASHI@VXL.SERVICES.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PRAKASHI IYER      732      983-4150  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

**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. PLAY GAMES 24X7 PRIVATE LIMITED CORP  
(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. MUMBAI, MAHARASHTRA STATE, INDIA 3. 98-1101959  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/13/2006 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. 9400 W BAY HARBOR DRIVE UNIT 402, BAY HARBOR ISLANDS, FLORIDA 33154  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)

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

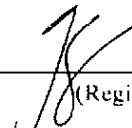
Name: TRIVIKRAMAN SHREEKUMAR THAMPY

Office Address: 9400 W BAY HARBOR DRIVE, UNIT 402  
BAY HARBOR ISLANDS, Florida 33154  
(City) (Zip code)

2016 JUN 25 AM 8:30  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

**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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: TRIVIKRAMAN SHREEKUMAR THAMPY

Address: 9400 W BAY HARBOR DRIVE UNIT 402

BAY HARBOR ISLANDS, FLORIDA 33154

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: TRIVIKRAMAN SHREEKUMAR THAMPY

Address: 9400 W BAY HARBOR DRIVE UNIT 402

BAY HARBOR ISLANDS, FLORIDA 33154

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**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. TRIVIKRAMAN SHREEKUMAR THAMPY/ PRESIDENT

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

RS. 30/- AS STAMP DUTY  
PAID VIDE SRN E04635298  
DATED 07/05/2018



सत्यमेव जयते

RS. 20/- AS STAMP DUTY  
PAID VIDE SRN E04633327  
DATED 07/05/2018

Form 1

# Certificate of Incorporation

Corporate Identity Number : U92490MH2006PTC162586

2006 - 2007

I hereby certify that PLAY GAMES24X7 PRIVATE LIMITED is this day incorporated under the Companies Act, 1956 (No. 1 of 1956) and that the company is limited.

Given under my hand at Mumbai this THIRTEENTH day of JUNE  
TWO THOUSAND SIX.

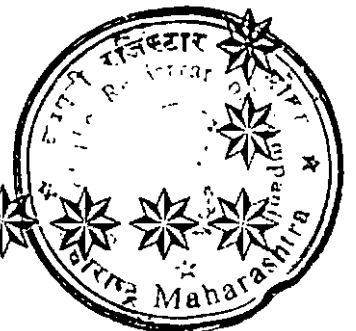
(A S SINGH)

Registrar of Companies  
Maharashtra, Mumbai

सही उद्घरण EXTRACT

उप/प्र/...  
Dy. Secy. to Govt. of Companies

महाराष्ट्र, मुंबई  
Maharashtra Mumbai



# FORM NO. INC-22

[Pursuant to section 12(2) & (4) of The Companies Act, 2013 and Rule 25 and 27 of The Companies (Incorporation) Rules 2014]



Notice of situation or change  
of situation of registered  
office

RS 20/- AS STAMP DUTY  
PAID VIDE SRN E64633327  
DATED 07/05/2018

Form Language ☒ English ☐ Hindi

Refer the instruction kit for filling the form.

1. This form is for ☐ New company ☒ Existing company

2. (a) Corporate identity number (CIN) of company  
or SRN of Form No. INC-1

U92490MH2006PTC162586

Pre-fill

(b) Global location number (GLN) of company

3. (a) Name of the company

PLAY GAMES24X7 PRIVATE LIMITED

(b) Address of the registered office of the company

301, 3RD FLOOR, PALM SPRING,  
MALAD LINK ROAD

(c) Name of the office of existing Registrar of Companies (RoC)

Registrar of Companies, Mumbai

(d)\* Purpose of the form

- ☒ Change within local limits of city, town or village  
☐ Change outside local limits of city, town or village, within the same RoC and state  
☐ Change in RoC within the same state  
☐ Change in state within the jurisdiction of same RoC  
☐ Change in state outside the jurisdiction of existing RoC

4. Notice is hereby given that

(a) The address of the registered office of the company with effect from

☒ 04/09/2015 (DD/MM/YYYY) is

☐ The date of incorporation of company is

\*Address Line I

401, 4th FLOOR, Building No.16, Wing-B

Line II

Interface Complex, Off Link Road, Malad (West)

\*City

Mumbai

\*District

Mumbai City

\*State/Union Territory

Maharashtra-MH

Country

INDIA

\*Pin code

400067

\*Phone (with STD Code) +91 -

022

42323450

\*email ID

contactus@games24x7.com

(b)\* Registered Office is

- ☐ Owned by Company ☐ Owned by director (Not taken on lease by company)  
☒ Taken on lease by company ☐ Owned by any other entity/Person (Not taken on lease by company)

(c) \*Name of office of proposed RoC or new RoC

Registrar of Companies, Mumbai

(d) Full address of the police station under whose jurisdiction the registered office is situated

\*Name

MALAD WEST POLICE STATION

\*Address Line I

UNDERAI ROAD, SOMVAR BAZAAR,

Address Line II

MALAD (WEST)

\*City

MUMBAI

State/Union Territory

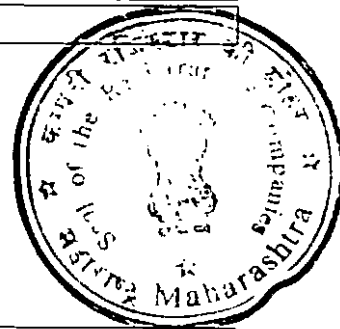
Maharashtra-MH

\*Pin code

400064

(e) \*Particulars of the Utility Services Bill depicting the address of the registered office  
(not older than two months)

Telephone Bill



### Attachments

- (1)\* Proof of Registered Office address  
(Conveyance/Lease deed/Rent Agreement  
along with the rent receipts) etc.;
- (2)\* Copies of the utility bills as mentioned  
above (not older than two months);
- (3)\* A proof that the Company is permitted to use the address  
as the registered office of the Company if the same is owned  
by any other entity/ Person (not taken on lease by company);
- (5) List of all the companies (specifying their CIN) having the  
same registered office address, if any;
- (6) Optional attachment, if any

Attach

Attach

Attach

Attach

Attach

### List of attachments

License Deed-Interface Office1.pdf  
Airtel Bill.pdf  
Reliance Bill-Sept-2015.pdf  
CTC -resolution.pdf

Remove attachment

### Declaration

I, BHAVIN PANDYA

☒ have been authorized by the Board of Directors of the company vide resolution number 14  
dated 04/09/2015 to sign this form and declare that

☒ all the requirements of The Companies Act, 2013 and the rules made thereunder in respect of the subject  
matter of this form and matters incidental thereto have been complied with.

☒ I also declare that all the information given herein above is true, correct and complete including the  
attachments to this form and nothing material has been suppressed.

☒ It is hereby further certified that D.A.Kamat, a Company Secretary(in whole-time practice)

having Membership Number 3843 and certificate of practice number 4965

certifying this form has been duly engaged for this purpose.

\* To be digitally signed by

PANDYA BHAVIN  
KAUSHIK

\* Designation Director

\* Director Identification Number of the director; or  
DIN or PAN of the manager or CEO or CFO; or  
Membership number of the Company secretary

01564371

### Certificate by practicing professional

I declare that I have been duly engaged for the purpose of certification of this form. It is hereby certified that I have  
gone through the provisions of The Companies Act, 2013 and rules thereunder for the subject matter of this form and  
matters incidental thereto and I have verified the above particulars (including attachment(s)) from the original records  
maintained by the company which is subject matter of this form and found them to be true, correct and complete and  
no information material to this form has been suppressed. I further certify that:

1. The said records have been properly prepared, signed by the required officers of the company and  
maintained as per the relevant provisions of The Companies Act, 2013 and were found to be in order;
2. I have opened all the attachments to this Form and have verified these to be as per requirements, complete and legible;
3. I further declare that I have personally visited the registered office given in the form at the address mentioned  
herein above and verified that the said registered office of the company is functioning for the business purposes  
of the company.

\* To be digitally signed by

Kameli  
Dwarikanath  
Annapa

☐ Chartered accountant (in whole-time practice) or ☐ Cost accountant (in whole-time practice) or

☒ Company secretary (in whole-time practice)

Whether associate or fellow

☐ Associate ☒ Fellow

Membership Number

3843

Certificate of practice number

4965

Note: Attention is drawn to provisions of Section 448 and 449 which provide for punishment for false  
statement/certificate and punishment for false evidence respectively.

Modify

Check Form

Prescrutiny

Submit



---

This eForm has been taken on file maintained by the registrar of companies through electronic mode and on the basis of statement of correctness given by the filing company.

