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N CULLIGAN AUG 2 2 2018

#### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A & A CORPO	PRATION
Dear Sir or Madam:	ridde Stiffx
The enclosed "Application by Foreign Corporation for Authoriza "Certificate of Existence," or "Certificate of Good Standing" and above referenced foreign corporation to transact business in Flori	tion to Transact Business in Florida," check are submitted to register the da.
Please return all correspondence concerning this matter to the following	owing:
AVDHESH AVI AGARV	val.
Name of Person  A&A CORPORATION	
Firm/Company	
3823 CHIPPENHAM	KD
MECHANICS BURG PA	17050
MECHANICS BURG PA  City/State and Zip code  avagazwale  E-mail address: (to be used for future ar	hotmail. com
For further information concerning this matter, please call:	
AVDHESH AVI AGARWAL 717 7  Name of Person Area Code Da	56 9786 ytime Telephone Number
Division of Corporations  Clifton Building  2661 Executive Corporations	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 Hahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee	

08/16/2018

To

**Registration Section** 

**Division of Corporations** 

**Subject:** A & A Corporation

Your Ref. No. Document # W18000072978

Dear Sir or Madam:

I am sending corrected Name of Corporation to be registered in Florida as Foreign Corporation

### **AVKA CORP**

The Name of Corporation may please be modified and certificate may please be issued at following address

A & A Corporation

3823 Chippenham Road

Mechanicsburg, PA 17050

Thanking You

(Avdhesh Avi Agarwal)



August 13, 2018

AVDHESH AVI AGRAWAL 3823 CHIPPENHAM ROAD MECHANICSBURG, PA 17050

SUBJECT: KUMUD INVESTMENTS Ref. Number: W18000072978

We have received your document for KUMUD INVESTMENTS and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The ALTERNATE name must a have a corporate suffix

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 918A00016660

### 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. A & A COR DO A A -
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
"Inc.," "Co.," "Com" "Inc." "Com" "Inc." "COMPANDA"
F, Mic, Co, or "Corp.")
AVKA CORP
CORP CORP
(If now the last of the last o
(If name unavailable in Florida, enter alternate corporate name add
2
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  2. Penn & Levina 3. 43-207 2106  (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State of country under the law of which is the state of
and law of which it is incorporated)
4(PEI number, if applicable)
4. 1/28/2005 (FEI number, if applicable)  (Date of incorporation) (Date of incorporation)
(Dev. 64
6(Date of duration, if other than perpetual)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502 F.S. to date
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3823 Chippenham D. determine penalty liability)
Do 25 Cruppenhama Re Mari
12 Mechanichoura Pa 1700-
(Principal office address)
7. 3823 Chippenham Rd, Mechanicsburg, Pa 17050  (Principal office address)
(Current mailing address, if different)
S No. 1
o. Name and street address of Florida registered
6. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: K/M// D A Z A A A A S A S A S A S A S A S A S A
NGAKWAL SS N
Office Address: 9280 SILVER GIEN WAY
Office Address:  9280 SILVER GLEN WAY  LAKE WORTH  (City)  (Ci
Office Address: 9280 SILVER GIEN WAY

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 a	id business addresses of officers			
STREET,	JRS			
. Chairman:				
Address:				
-				
Vice Chairman:				
Address:				
Director:				
				TALL SE
				AFF.
Director:				SS T
Address:				E OF P
				95.5
B. OFFICERS				
President:	KUMUD AC	ARMA		
Address:	9280 SILV	IFO CL	3	
	LAKE WORT	THE P	WAY	
Vice President:		T	33467	
Address:				
Secretary:				
Address:				
Treasurer:				
Address:				
NOTE: If necessary	, you may attach an addendure	O the analysis is a		
12. Funu			dditional officers and/o	r directors.
he officer or directo	r signing di	of Director or Officer		
third degree felony	Signature r signing this document (and when she is aware that false informates provided for in s.817.155, F.S.	to is listed in number 11 a ion submitted in a docum	bove) affirms that the f	acts stated herein
-	MUD AGARW		o me pepartment o	T State constitutes
	(Typed or printed name and ca	Apacity of person si:		
		rang or person signing	application)	<del></del> _

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Director: Address: Director: Address: B. OFFICERS President: Vice President: AVDHESH AVI AGARWAL Address: 3823 CHIPPENHAM RD MECHANICSBURG, PA 17050 Secretary: AVDHESH AVI AGARWAL Address: 3823 CHIPPENHAM RD, MECHANICS BURG, PA 17050 Treasurer: AYDHESH AYI AGARWAL Address: 3823 CHIPPENHAM RD, MECHANICS BURG, PA 17050 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. An' Agarway Signature of Director or Officer he officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein re true and that he or she is aware that false information submitted in a document to the Department of State constitutes AVDITESH AVI AGARWAL VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 08/13/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### A & A CORPORATION

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

THE COATE OF THE C

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC180813130881-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify