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(Requestor's Name)					
(Add	ress)				
(Address)					
(City	/State/Zip/Phone	⇒ #)			
☐ PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Nar	ne)			
(Doc	ument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to F	iling Officer				
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SECRETARY OF STATE

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O SIMMONS FEB 2 ' 2019

COVER LETTER

FO: Registration Section Division of Corporations			
SUBJECT: Manage My Net Worth Inc			
	ion - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	tanding" and check are submitted to register the		
Please return all correspondence concerning this ma	tter to the following:		
Sunil Khatri			
Name	of Person		
Manage My Net Worth Inc			
Firm/C	ompany		
201 N Charles St. Suite 2406			
Ac	dress		
Baltimore, MD 21201			
City/Stat	e and Zip code		
mynetworthinc@gmail.com			
E-mail address: (to be use	ed for future annual report notification)		
For further information concerning this matter, pleas	se call:		
Sunil Khatri at (443	₎ 5091151		
Name of Person Area C	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 & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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. M	1. Manage My Net Worth Inc.						
		poration; must include "INCORPORATED", "Inc," "Co," or "Corp."))," "C	OMPANY," "CORPORATIO	N."		
(If	name unavailab	ole in Florida, enter alternate corporate nam	e adop	ted for the purpose of transacti	ng business in Florida)		
2. N	ew Jersey		3. 47-	0974451			
(5	(State or country under the law of which it is incorporated)			(FEI number, if applicable)			
4. 05	5/30/2014		5.				
	(Date of incorporation)			(Date of duration, if other than perpetual)			
6.							
_		(Date first transacted business			15.		
		(SEE SECTIONS 607.1501 & 607	.1302,	F.S., to determine penalty habi	nty)		
7.20	1 N Charles St	Suite 2406 Baltimore MD 21201					
		(Prin	cipal o	ffice address)	超田田		
		(Current ma	ling ac	dress, if different)	B IS		
8. N	ame and street	address of Florida registered agent: (I	P.O. B	ox NOT acceptable)	15 M 2.		
	Name:	Registered Agents Inc.		_	\$ 23		
Offic	e Address:	7901 4th St N STE 300		_	ŕ		
		St. Petersburg		, Florida <u>33702</u>			
		(City)		(Zip code)			

1. Registered agent's acceptance:

laving been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I irther agree to comply with the provisions of all statutes relative to the proper and complete performance of my uties, and I am familiar with and accept the obligations of my position as registered agent.

> Registered Agents Inc. Bill Havre - Assistant Secretary

(Registered agent's signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction ler the law of which it is incorporated.

A. DIRECTORS Chairman: Sunil Khatri Address: 201 N Charles St. Suite 2406, Baltimore MD 21201 Vice Chairman: Address: _ _ ____ ٨ Address: _ Address: _____ **B. OFFICERS** President: Sunil Khatri Address: 201 N Charles St. Suite 2406, Baltimore MD 21201 Vice President: Address: ecretary: _ DTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer e officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein true and that he or she is aware that false information submitted in a document to the Department of State constitutes ird degree felony as provided for in s.817.155, F.S. Sunil Khatri, President

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

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

MANAGE MY NET WORTH INC. 0400662733

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on May 30, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ANUPAM SATYASHEEL 236 Possum Hollow Rd Jamesburg, NJ 08831



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 1st day of February, 2019

dur A Mu

Elizabeth Maher Muoio State Treasurer

Certificate Number: 2383058536

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp