

COVER LETTER

TO: Registration Section
Division of Corporations
CHYTEN TEST PREPARATION, INC.

SUBJECT: _____
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:
NEIL KHAUND

CHYTEN TEST PREPARATION, INC.	Name of Person
5755 NW 84th Avenue	Firm/Company
Doral, FL 33166	Address
NKhaund@livius.me	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Casandra P. Murena	305	495-3260
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.

CHYTEN TEST PREPARATION, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2. _____ 3. _____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Massachusetts 043474898
(State or country under the law of which it is incorporated) (FEI number, if applicable)
05/07/1999

4. _____ 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)
5755 NW 84th Avenue, Doral, FL 33166

7. _____
(Principal office address)

(Current mailing address, if different)

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

Casandra Perez, P.A.

Name: _____

1000 Brickell Avenue, Suite 1020

Office Address: _____

Miami

33131

_____, Florida

(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.

C. P. MURRAY

(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

~~Director~~ NEIL KHAUND ✓

Chairman:

1723 MASSACHUSETTS AVE. LEXINGTON, MA 02420 USA

Address:

~~Director~~ PETER PALANDJIAN ✓

~~Vice Chairman:~~

1723 MASSACHUSETTS AVE. LEXINGTON, MA 02420 USA

Address:

NEIL JACOBS ✓

Director:

1723 MASSACHUSETTS AVE. LEXINGTON, MA 02420 USA

Address:

GREGORY DUMONT ✓

Director:

1723 MASSACHUSETTS AVE. LEXINGTON, MA 02420 USA

Address:

FILED
2019 AUG 20 PM 4:18
TALLAHASSEE, FLORIDA

B. OFFICERS

NEIL KHAUND ✓

President:

1723 MASSACHUSETTS AVE. LEXINGTON, MA 02420 USA

Address:

Vice President:

Address:

NEIL KHAUND ✓

Secretary:

1723 MASSACHUSETTS AVE. LEXINGTON, MA 02420 USA

Address:

NEIL KHAUND ✓

Treasurer:

1723 MASSACHUSETTS AVE. LEXINGTON, MA 02420 USA

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

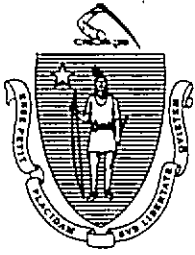
Signature of Director or Officer

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.

NEIL KHAUND - President

13.

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



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

August 16, 2019

TO WHOM IT MAY CONCERN:

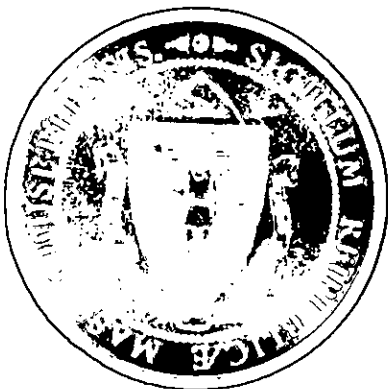
I hereby certify that according to the records of this office,

CHYTEN TEST PREPARATION, INC.

is a domestic corporation organized on **May 7, 1999**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

2019 AUG 20 PM 4:13
RECEIVED
SECRETARY OF THE COMMONWEALTH



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth