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(Address)

(Address)

(City/State/Zip/Phone #)

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2019 SEP 11 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations
UrbanSense, 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:
Manasvi Menon

Name of Person
UrbanSense, Inc.

Firm/Company
86-11 34th Avenue
Apt. 1P

Address
Jackson Heights, NY 11372

City/State and Zip code
manasvi@urbansense.city

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manasvi Menon 248 885-0680

Name of Person at (_____) _____
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 TRAN
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

UrbanSense, Inc.

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

UrbanSense, Inc. (note: name available in Florida)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
New York 83-3330627

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
January 25, 2019 Perpetual

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
No transactions yet.

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

7. 86-11 34th Avenue, Apt 1P
Jackson Heights, NY 11372
(Principal office address)

Same as principal office address above.

(Current mailing address, if different)

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

Bill Havre

Name:

Office Address: Registered Agents Inc.
7901 4th St N STE 300

St. Petersburg 33702
_____, 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
designated in this application, I hereby accept the appointment as registered agent and agree to act in this
further agree to comply with the provisions of all statutes relative to the proper and complete performance
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 ap
the Department of State, by the Secretary of State or other official having custody of corporate records in the j
under the law of which it is incorporated.

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

A. DIRECTORS

Manasvi Menon

Chairman: _____
86-11 34th Avenue, Apt. 1P
Address: _____
Jackson Heights, NY 11372

Neysa Pranger

Vice Chairman: _____
86-11 34th Avenue, Apt. 1P
Address: _____
Jackson Heights, NY 11372

Manasvi Menon

Director: _____
86-11 34th Avenue, Apt. 1P
Address: _____
Jackson Heights, NY 11372

Neysa Pranger

Director: _____
86-11 34th Avenue, Apt. 1P
Address: _____
Jackson Heights, NY 11372

B. OFFICERS

Neysa Pranger

President: _____
86-11 34th Avenue, Apt. 1P
Address: _____
Jackson Heights, NY 11372

Manasvi Menon

Vice President: _____
86-11 34th Avenue, Apt. 1P
Address: _____
Jackson Heights, NY 11372

Manasvi Menon

Secretary: _____
86-11 34th Avenue, Apt. 1P
Address: _____
Jackson Heights, NY 11372

Neysa Pranger

Treasurer: _____
86-11 34th Avenue, Apt. 1P
Address: _____
Jackson Heights, NY 11372

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 are true and that he or she is aware that false information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155, F.S.

Manasvi Menon

13. _____

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

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SCHOOL DISTRICT OF TALAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of URBANSEN INC. was filed on 01/25/2019, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

I further certify that no other documents have been filed by such corporation.



FILED
2019 SEP 11 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 15th day of August two
thousand and nineteen.*

Brendan C. Hughes

Brendan C Hughes
Executive Deputy Secretary of State