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COVER LETTER

TO: Registration Section Division of Corporations

· ·

SUBJECT: CS Solutions Inc.

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:

Paul Kuttikadan					
		lame of Perso	n		
CS Solutions Inc.					
	Fi	rm/Company			<u> </u>
3440 Federal Drive, Suite	100				
		Address			2(
Eagan, MN 55122					202311
Paul@cssoln.com	City	/State and Zip	code		1
	E-mail address: (to b	e used for fut	ure annual report	notification)	
	concerning this matter.				76:57
Paul Kuttikadan	at (612)	384-7075		
Name of Perso	n Ar	ea Code	Daytime Telep	hone Number	_
STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
Enclosed is a check for t	the following amount:				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Statu	\sim	75 Filing Fee & fied Copy	\$87.50 Filing Certificate of Certified Co	of Status &

1.019 - 6.25 2019 Wolters Kluwer Online

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.

L. CS Solutions I	_		
(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORATED Corp." "Inc." "Co." or "Corp.")	" "COMPANY," "CORPORATION,"	
CS Solutions In	nc (MN)		
(If name unavai	ilable in Florida, enter alternate corporate name	adopted for the purpose of transacting he	usiness in Floriday
2. Minnesota		41-183 4255	
(State or count	try under the law of which it is incorporated)	(FEI number, if applic	
4 03-15-1996	5.		uole)
(Dat	e of incorporation)	(Date of duration, if other than	
02-03-2020			i perpetuar)
<u> </u>	ve, suite 100, Eagan, MN 55122 (Princip	al office address)	
	·	· · · · · · · · · · · · · · · · · · ·	20
	(Current mailin	g address, if different)	
. Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)	
Name:	C T Corporation System	<u> </u>	
fice Address:	1200 South Pine Island Road		دي.
mee maarcas.			37
	Plantation,	Florida <u>33324</u>	
	(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.



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 Chairman: Paul Kuttikadan Address: 3440 Federal Drive, Suite 100, Eagan, MN 55122 Vice Chairman: Jerin Joseph Address: 3440 Federal Drive, Suite 100, Eagan, MN 55122 Director: Aneet Kumar Address: 3440 Federal Drive, Suite 100, Eagan, MN 55122 Director: Royce Chirackel Address: 3440 Federal Drive, Suite 100, Eagan, MN 55122 **B. OFFICERS**

President: Paul Kuttikadan	
Address: 3440 Federal Drive, Suite 100, Eagan, MN 55122	
	. ,
Vice President:	
Address:	بن ب
Secretary: Jerin Joseph	

Address: 3440 Federal Drive, Suite 100, Eagan, MN 55122

Treasurer: Aneet Kumar

Address: 3440 Federal Drive, Suite 100, Eagan, MN 55122

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

12. B-C. Kuttikadan

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. Paul Kuttikadan, President & CEO

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

Office of the Minnesota Secretary of State Certificate of Good Standing

1. Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Date Filed: File Number: Minnesota Statutes, Chapter: Home Jurisdiction:

CS Solutions, Inc. 03/15/1996 9C-208 302A Minnesota

This certificate has been issued on:

02/20/2020



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Steve Simon Secretary of State State of Minnesota