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21 OCT 21 PM 5:17  
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HONOLULU, HAWAII

TL  
10/25/21

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Aptiva Corp

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:

Koteswara Vemuri

Name of Person

Aptiva Corp

Firm/Company

825 Georges Road, Suite 1

Address

North Brunswick, NJ 08902

City/State and Zip code

hr@aptivacorp.com

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

For further information concerning this matter, please call:

Koteswara Vemuri

at ( 732 ) 7334344

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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.*

1. Aptiva Corp

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania

(State or country under the law of which it is incorporated)

3. 26-1282577

(FEI number, if applicable)

4. 10/22/2007

(Date of incorporation)

5. \_\_\_\_\_

(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)

7. 825 Georges Road, Suite 1 North Brunswick New Jersey

(Principal office street address)

825 Georges Road, Suite 1 North Brunswick New Jersey 08902

(Current mailing address, if different)

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

, Florida 33702

(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.*



(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

A. DIRECTORS

☐ Chairman Name: Koteswara Vemuri  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 825 Georges Road, Suite 1  
☒ President North Brunswick NJ 08902  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

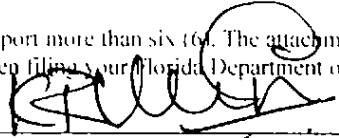
☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

13. Koteswara Vemuri and President  
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

No : 202130398

OFFICE OF THE SECRETARY OF THE COMMONWEALTH

SEPTEMBER 17, 2021

PENNSYLVANIA, SS:

I, Jessica Mathis, Director for Bureau of Elections & Notaries, Pennsylvania Department of State, DO HEREBY CERTIFY, that it appears by the records of this office that

VERONICA W DEGRAFFENREID

now is, and was at the time of execution of the attached certificate, ACTING SECRETARY OF THE COMMONWEALTH for the Commonwealth of Pennsylvania, USA, duly appointed, commissioned and qualified, and is authorized to perform and discharge all the duties of Secretary of the Commonwealth, as required by law. That the records of the Department of State of the Commonwealth of Pennsylvania are kept pursuant to the laws of this state by said Secretary of the Commonwealth, who is also the custodian of the official seal, hence full faith and credit are due and ought to be given to his official acts accordingly:

I, DO FURTHER CERTIFY, That I verily believe the seal impressed upon the attached certificate is genuine.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my Office to be affixed, the day and year above written.

Director,  
Bureau of Elections & Notaries,  
Pennsylvania Department of State

This Certification only certifies the authenticity of the signature and the capacity of the person who has signed the public document, and, where appropriate, the identity of the seal or stamp which the public document bears.

This Certification does not certify the content of the document for which it was issued.

This Certification is not valid for use anywhere within the United States of America, its territories or possessions.

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

08/30/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

APTIVA CORP

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.



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

A handwritten signature in dark ink, appearing to read "William W. Desjardes".

Acting Secretary of the Commonwealth

Certification Number: TSC210830120807-1

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

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

08/30/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

APTIVA CORP

I, Veronica Degraffenreid, Acting Secretary of the Commonwealth of Pennsylvania, do hereby  
certify that the foregoing and annexed is a true and correct copy of

Creation Filing filed on Oct 22, 2007 - Pages (2)

which appear of record in this department.



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

A handwritten signature in cursive script, reading "Veronica W. Degraffenreid".

Acting Secretary of the Commonwealth

Certification Number: TSC210830120756-1

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

ST, PAO4B

From: pao4b@state.pa.us  
 Sent: Sunday, October 21, 2007 4:20 PM  
 To: ra-st-pao4b@state.pa.us  
 Subject: PAO4B New Registration 142683

PENNSYLVANIA DEPARTMENT OF STATE  
 CORPORATION BUREAU  
 Articles of Incorporation-For Profit

x Business-stock (§ 1306)      Management (§ 2703)  
 Business-nonstock (§ 2102)      Professional (§ 2903)  
 Business-statutory close (§ 2303)      Insurance (§ 3101)  
 Cooperative (§ 7102)

Document will be returned to the name and address you enter below.

Name  
 Rajesh Mehta  
 Address  
 60 HEATHER COURT  
 Address

City      State Zip Code  
 MONMOUTH JUNCTION      NJ 08852

Email: rajcpa@gmail.com

Fee: \$125

Commonwealth of Pennsylvania  
 ARTICLES OF INCORPORATION 2 Page(s)



T0729847045

In compliance with the requirements of the applicable provisions (relating to corporation and unincorporated associations), the under desiring to incorporate a corporation for profit, hereby states that:

- 1 The name of the corporation (corporate designator required, i.e., "corporation", "incorporated", "limited" "company" or any abbreviation. "Professional corporation" or "P.C.")

APTIVA CORP

- 2 The (a) address of this corporation's current registered office in this Commonwealth (post office box, alone, is not acceptable); name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
1230 CORNER STONE BLVD	DOWNTOWN	PA	19335	36

(b) Name of Commercial Registered Office      County

3. The corporation is incorporated under the provisions of the Business Corporation Law of 1988.

4. The aggregate number of shares authorized:

100

5. The name and address, including number and street, if any, of each incorporator (all incorporators must sign below):

Name	Address(es)
VENKATA ATLURI	60 HEATHER COURT MONMOUTH JUNCTION NJ 08852

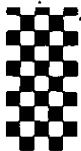
- 6 The specified effective date, if any:

10      21      2007  
 Month      Day      Year      hour, if any

7. Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.

cc - \$125





**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU  
Domestic Signature Form**

Document must be completed and mailed to the address listed below.

Department of State  
Corporation Bureau  
P.O. Box 8722  
Harrisburg, PA 17105-8722  
(717) 787-1057

1. The enterprise structure is:  
**Corporation**
2. The enterprise legal name is:  
**APTIVA CORP**
3. The enterprise's fictitious name is:

IN TESTIMONY WHEREOF, the undersigned have caused this application to be executed this

22 day of Oct, 2007

  
Individual Signature of **VENKATA ATLURI**

**0268320071021**

To avoid any delay or rejection, signature form(s) should be received within 7-10 days  
of the registration submission date.