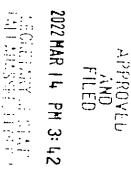
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	(Requestor's Name)
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PICK-UP	WAIT MAIL
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	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

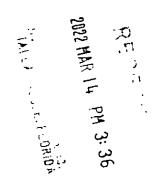
Office Use Only



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MAR 15 2022 K. Brumbley

COVER LETTER

TO:	O: Registration Section Division of Corporations					
SUBJ	ECT: Jiten Hotel Man.	agement Services, Inc.				
			n - must include suffix			
Dear S	ir or Madam:					
"Certif	ficate of Existence," or	Foreign Corporation for "Certificate of Good Star oration to transact busine	r Authorization to Transact Business in Florida," nding" and check are submitted to register the ess in Florida.			
Please	return all corresponden	ce concerning this matte	er to the following:			
Joseph	Y. Wang, Esq.					
	· · · · · · · · · · · · · · · · · · ·	Name of	Person			
Sherin	and Lodgen LLP					
	-	Firm/Con	npany			
101 Fc	deral Street, Floor 31					
		Addr	ress			
Boston	, MA 02110					
		City/State a	and Zip code			
jywang	@sherin.com					
	E-n	nail address: (to be used	for future annual report notification)			
For fur	ther information concer	ming this matter, please of	call:			
Joseph	Y. Wang, Esq.	at (617	646-2263			
	Name of Person	Area Cod				
	STREET/COURIER Registration Section Division of Corporation The Centre of Tallahar 2415 N. Monroe Street Tallahassee, FL 3230	ons ssec t, Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please n	.00 Filing Fee 📁 🛢	ORIDA DEPARTMENT	T OF STATE ☐ \$78.75 Filing Fee & ☐ \$87.50 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.

(If name unav	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
Maccachucon	r						
(State or cour	s ntry under the law of which it is incorporated) (FEI number, if a	applicable)				
4. September 17	, 2004	5	.,				
(Da	, 2004 te of incorporation)	(Date of duration, if other	r than perpetual)				
	(Date first transacted busines (SEE SECTIONS 607.1501 & 60°	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liabi	lity				
7. 495 Westgate D	Prive, Brockton, MA 02301	table	ntyj				
	(Principal	office street address)					
	(Current ma	iling address, if different)					
A 31			202				
8. Name and stre	eet address of Florida registered agent: (1	P.O. Box NOT acceptable)	2022 HAR				
Name:	Corporation Service Company						
Office Address:	1201 Hays Street	- 					
	Tallahassee		PH CONTRACTOR				
	(City)	, Florida 32301 (Zip code)					
9 Registered an	ent's acceptance:	(Zip code)	\sim				
Having been nan	ned as registered agent and to accept and						
designated in this	ned as registered agent and to accept ser application, I hereby accept the appoint comply with the provisions of all statutes	vice of process for the above stated iment as registered agent and age	l corporation at the place				
Juriner agree to c	comply with the provisions of all statutes with and accept the obligations of my r	relative to the proper and complet	e to act in this capacity. I be performance of my duties				
	2 gamena vj mj p	osmon us registereu agent.	2 2 Way and to				
	Corporation Service Company y: (Registered agent's						
C		1 113					
B	y: 12/07/2	A S S T V T					

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

A. DIRECTORS						
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address: 495 Westgate Drive	□Vice Chairman	Address:			
□Director	Brakby, MA 02301	□Director				
■ President	Nayan C. Patel	□President				
□Vice President	t	□Vice President				
Secretary	□Treasurer	Secretary	□Treasurer			
Other	Other	Other	Other			
□ Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	Secretary	□Treasurer			
Other	Other	Other	□ Other			
□Chairman	Name:	☐ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□President		□President				
□Vice President		□Vice President				
□ Secretary	Treasurer	□ Secretary	Treasurer			
Other	· □Other	□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.

Nayan C. Patel



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

March 8, 2022

TO WHOM IT MAY CONCERN:

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

JITEN HOTEL MANAGEMENT SERVICES, INC.

is a domestic corporation organized on **September 17, 2004**, 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.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Tranin Galein

Processed By: NGM