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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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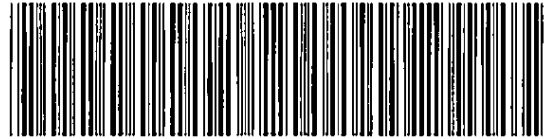
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VENSIT 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:

VIJAYA VALVETI

Name of Person

VENSIT CORP

Firm/Company

6900 TAVISTOCK LAKES BLVD, SUITE #474

Address

ORLANDO, FL 32827

City/State and Zip code

vijaya@vensit.com

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

For further information concerning this matter, please call:

VIJAYA VALVETI

at (732) 333-5200

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. VENSIT 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. NEW JERSEY 3. 26-4635762
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/09/2009 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. MAY 1ST, 2023
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 6900 TAVISTOCK LAKES BLVD, SUITE #474, ORLANDO, FL 32827
(Principal office street address)
- _____
(Current mailing address, if different)


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

Name: RAMAMOHAN R VALIVETI

Office Address: 6900 TAVISTOCK LAKES BLVD, SUITE #474
ORLANDO, Florida 32827
(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.



(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]:

A. DIRECTORS

☐ Chairman Name: RAMAMOHAN R VALIVETI
☐ Vice Chairman Address: _____
☐ Director 6900 TAVISTOCK LAKES BLVD
☒ President SUITE #474
☐ Vice President ORLANDO, FL 32827
☐ 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. RAMAMOHAN R. VALIVETI - PRESIDENT
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

VENSIT CORP
0400281108

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on April 09, 2009.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

VENKAT POTHUR
15 CORPORATE PL S
STE 351
PISCATAWAY, NJ 08854

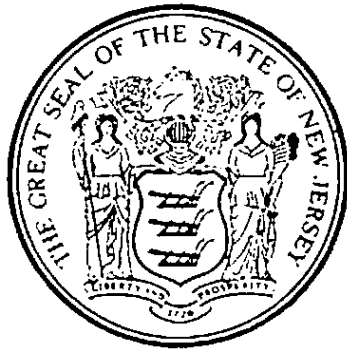
I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on May 17, 2023.

CHIEF EXEC. OFFICER (CEO)	RAMA MOHAN RAO VALIVETTI
	2 ROTUNDA LANE
	SOUTH RIVER, NJ 08882

SECRETARY	Vijaya Valiveti
	2 Rotunda Lane
	South River, NJ 08882

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

VENSIT CORP
0400281108



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
17th day of May, 2023*

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 2711622546

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert.JSP/Verify_Cert.jsp

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
ANNUAL REPORT CERTIFICATE**

VENSIT CORP

0400281108

The Division of Revenue and Enterprise Services hereby affirms that the following annual report for VENSIT CORP was submitted on 05/17/2023 for the year: 2023

Registered Agent and Office

VENKAT POTHUR
15 CORPORATE PL S
STE 351
PISCATAWAY, NJ 08854

Main Business Address

4000 BORDENTOWN AVE
SUITE 36
SAYREVILLE, NJ 08872

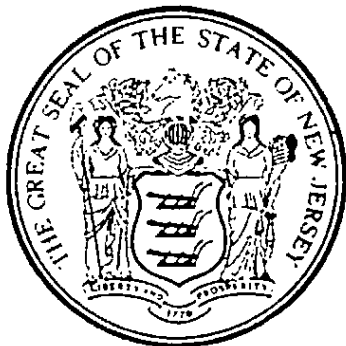
Principal Business Address

4000 BORDENTOWN AVE
SUITE 36
SAYREVILLE, NJ 08872

Officers and Directors

CHIEF EXEC. OFFICER (CEO)
RAMA MOHAN RAO VALIVETTI
2 ROTUNDA LANE
SOUTH RIVER, NJ 08882

SECRETARY
Vijaya Valiveti
2 Rotunda Lane
South River, NJ 08882-0888



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal, this
17th day of May, 2023*

Elizabeth Maher Muoio

Elizabeth Maher Muoio
State Treasurer

Certificate Number: 2711622428
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp