

F23 0000004628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

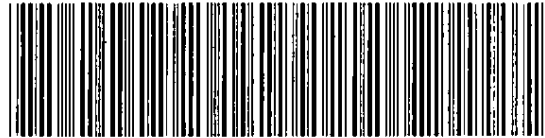
(Business Entity Name)

(Document Number)

Certificc Copies _____ Certificates of Status _____

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09/03/23--01009--008 **87.50

STATE OF FLORIDA
TALLAHASSEE, FL

2023 AUG -3 PM 4:28

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15

COVER LETTER

TO: Registration Section
Division of Corporations
AR SOLUTIONS 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:
Srinivas Chitturi

Name of Person
AR Solutions Inc

Firm/Company
6100 Greenland Rd, Suite 1004

Address
Jacksonville, FL 32258

City/State and Zip code
schitturi@arsolinc.com

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

For further information concerning this matter, please call:

Srinivas Chitturi 908 2276054

Name of Person at () Daytime Telephone Number
Area Code

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**

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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.*

AR SOLUTIONS INC

1. _____
(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)
NEW JERSEY 27-1136122

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
10/19/2009 PERPETUAL

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
8/20/20223

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
6100 GREENLAND ROAD, SUITE 1004, JACKSONVILLE, FL 32258

7. _____
(Principal office street address)

(Current mailing address, if different)

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

Name: _____

Office Address: 6100 GREENLAND ROAD, SUITE 1004

JACKSONVILLE 32258
_____, 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 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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STATE OF FLORIDA
TELETYPE UNIT

A. DIRECTORS

SRINIVAS CHITTURI

☐ Chairman Name: _____
91 HEMLOCK POINT
☐ Vice Chairman Address: _____
ST AUGUSTINE
☐ Director _____
FLORIDA 32086
☒ 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 _____

☐ 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. C. Srinivas
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.

SRINIVAS CHITTURI PRESIDENT

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

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

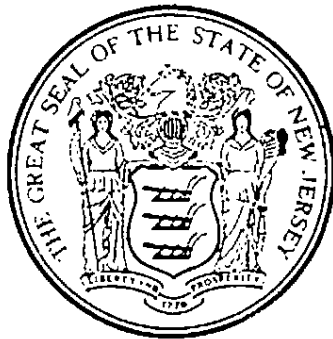
AR SOLUTIONS INC
0400312171

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 October 19, 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:

**SRINIVAS CHITTURI
1 WILLOCKS CIRCLE
SOMERSET, NJ 08873**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
20th day of July, 2023*

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 2720699088

Verify this certificate online at

https://www1.state.nj.us/TYTR/StandingCertJSP/Verify_Cert.jsp

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

AR SOLUTIONS INC
0400312171

The Division of Revenue and Enterprise Services hereby affirms that the following annual reports for AR SOLUTIONS INC was submitted on 07/20/2023 for the years: 2022-2023

Registered Agent and Office

SRINIVAS CHITTURI
1 WILLOCKS CIRCLE
SOMERSET, NJ 08873

Main Business Address

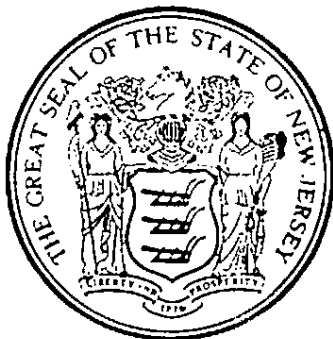
6100 Greenland Rd
SUITE 1004
Jacksonville, FL 32258

Principal Business Address

1 Willocks Circle
SUITE 351
Somerset, NJ 08873

Officers and Directors

PRESIDENT
SRINIVAS CHITTURI
91 Hemlock Point
St Augustine, FL 32086



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal, this
20th day of July, 2023*

Elizabeth Maher Muoio

Certificate Number 2720698922
Verify this certificate online at
https://www1.state.nj.us/TYTR/StandingCert/JSPI/Verify_Cert.jsp

Elizabeth Maher Muoio
State Treasurer