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2023 SEP -5 PH 2: 27

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Mauli Systems, Inc.	
Name of corporation -	must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," or "Certificate of Good Standin above referenced foreign corporation to transact business	ng" and check are submitted to register the
Please return all correspondence concerning this matter to	the following:
Kashyap Shukla	
Name of Pe	rson
Mauli Systems, Inc.	
Firm/Compa	nny
29 Schindler Ct.	
Address	,
Somerset NJ 08873	
City/State and	Zip code
kashyap_shukla@mauli.com	
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call	<b>1</b> :
Kashyap Shukla at ( 203	788-7722
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
	S78.75 Filing Fee & S87.50 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.

	orp," "Inc," "Co," or "Corp.")			
Mauli Systems,	·	- do- to d Co- the common Common time	Luciono in Elecidad	-
	able in Florida, enter alternate corporate name		business in Florida)	
2. Connecticut	3.	06-1397738	1' 1.5-X	-
•	y under the law of which it is incorporated)	(FEI number, if app	псавіе)	
4. 05/02/1994	5. e of incorporation)			-
			an perpeniai)	
6	(Date first transacted business in	. P1 - 12 - 16 - 11 - 14 - 14 - 14 - 14 - 14 - 14		-
	(SEE SECTIONS 607.1501 & 607.15	i Florida, if prior to registration) 502, F.S., to determine penalty liability	<i>'</i> )	
241 Riverside Dr	ive, Unit 2406, Holly Hill, FL 32117			
<i>1</i>	(Principal offi	ce street address)		-
586 Redding Ro	ad, Redding CT 06896			
	(Current mailin	ig address, if different)		
8. Name and stree	et address of Florida registered agent: (P.C Kashyap Shukla	D. Box <u>NOT</u> acceptable)	2023 SEP	• ;• ;
Office Address:	241 Riverside Drive, Unit 2406		- 5 Ph	ي ن
	Holly Hill	, Florida	· · · · · · · · · · · · · · · · · · ·	. شد. الح <b>ت</b> ان
	(City)	(Zip code)	2	
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept servi application, I hereby accept the appointn comply with the provisions of all statutes r r with and accept the obligations of my po	nent as registered agent and agree elative to the proper and complete	to act in this capa	city. I

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

under the law of which it is incorporated.

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

#### A. DIRECTORS Kashyap Shukla Kalpana Shukla □ Chairman □ Chairman 241 Riverside Drive, Unit 2406 241 Riverside Drive, Unit 2406 ☐ Vice Chairman Address: □ Vice Chairman Address: Holy Hill FL 32117 Holy Hill FL 32117 □ Director □ Director President ☐ President □ Vice President \_\_\_\_\_\_ □Vice President ☐ Secretary ☐Treasurer **■**Secretary ☐ Treasurer □Other \_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ Mauli Shukla □Chairman Name: Name: ☐ Chairman 8 Fern Ave □Vice Chairman Address: □Vice Chairman Address: Caldwell, NJ, 07006-4531 ☐ Director □ Director ☐ President □ President ■ Vice President □Vice President ☐ Secretary □Treasurer ☐ Secretary □ Treasurer □Other \_\_\_\_ □Other □Other Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman ☐ Chairman □Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman Address: □ Director □ Director □ President President □Vice President \_\_ □Vice President ☐ Secretary □ Secretary □Treasurer ☐ Treasurer □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. 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.

## Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Tuesday, August 29, 2023 5:21 PM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of incorporation for the below domestic Stock corporation was filed in this office.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far, as indicated by the records of this office, such corporation is in existence.

#### **Business Details**

Business Name	MAULI SYSTEMS, INC.	
Business ALEI	US-CT.BER:0297799	
Formation Date	05/02/1994	

Secretary of the State

Business ALEI: US-CT.BER:0297799

Note: To verify this certificate, visit Business.ct.gov

Page 1 of 1

Certificate Number: C-00105416

#### **Filing Details**

Filing Number: 0011950319

Number of Pages:

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8/29/2023 5:11:30 PM

#### **Primary Details**

Name of the Business Entity: MAULI SYSTEMS, INC.

Business ALEI:

US-CT.BER:0297799

#### **Business Location**

Principal Office Address:

241 Riverside Drive, 2406, Holly Hill, FL, 32117, United

Mailing Address:

241 Riverside Drive, 2406, Holly Hill, FL, 32117, United

States

#### Acknowledgement

I hereby certify and state under penalties of false statement that all the information set forth on this document is true.

I hereby electronically sign this document on behalf of:

Name of Authorizer: KASHYAP SHUKLA

Authorizer Title:

President

Filer Name:

KASHYAP SHUKLA

Filer Signature:

KASHYAP SHUKLA

Execution Date:

08/29/2023

This signature has been executed electronically

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