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COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT: PRAGJI, INC				
30 b 3 c c1	Name of corporation -	must include suffix		
Dear Sir or Madam:				
"Certificate of Existence,"	by Foreign Corporation for A or "Certificate of Good Stand orporation to transact business	ing" and check are subm	Business in Florida." itted to register the	
Please return all correspond	dence concerning this matter t	o the following:		
Ghanshayam Patel				
	Name of P	erson		
	Firm/Comp	eanv		
109 Vogel Street NE	, ,	,		
	Addres	SS		
Calhoun, Ga 30701				
	City/State and	d Zip code		
circlekredbud@gmail.com				
-	E-mail address: (to be used fo	r future annual report not	tification)	
For further information con	cerning this matter, please ca	II:		
Ghanshayam Patel	706 at (307-9324		
Name of Person	Area Code	Daytime Telepho	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	FLORIDA DEPARTMENT		■ \$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. (Enter name of country "Inc.," "Co.," "Co.	corporation; must include "INCORPORATED," corp.," "Inc.," "Co," or "Corp.")	"COMPANY," "CORPORATION	Ι,"
	able in Florida, enter alternate corporate name ad		
2/24/2002	y under the law of which it is incorporated) 5.		
6. 06/30/2022	of incorporation) 5		han perpetual)
7 109 Vogel Street	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 NE, Calhoun, GA 30701	lorida, if prior to registration) P. F.S., to determine penalty liability	
	(Principal office NE, Calhoun, GA 30701	street address)	
0. 1.	·	address, if different)	
8. Name and stree	Cihanshyam Palel		
Office Address:	Panama city Beach Rocal (City)		2024 USL 15 PA
designated in this further agree to c	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela with and accept the obligations of my posite	nt as registered agent and agre- ctive to the proper and complete	e to@et in this capacity.
_	(Registered agent's sign	ature)	

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.

A. DIRECTORS	CHANCHAVAM			
■ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address: 109 Vagel St. MF	□Vice Chairman	Address:	
Director	Calhoun GH 30701	□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
□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
Face of the second				
individuals may be	Jse an attachment to report more than six (6). The a added to the index when filing your Florida Depart	sttachment will be imaged ment of State Annual Re	I for reporting p port form.	urposes only. Non-indexed
12	GRIE	or or Officer		
The officer or direc	Signature of Directors signing this document (and who is listed in num			

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.

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

Control Number: 0312084

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

PRAGJI; INC. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27284000 Date Inc/Auth/Filed: 02/24/2003 Jurisdiction : Georgia Print Date : 05/02/2024

Form Number : 211



Brad Rafforspage

Brad Raffensperger Secretary of State