F-99000000710

Division of Corporations SUBJECT: BHARAT, INC. (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", 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: William W. Abbott, Jr. (Name of Person) Dukes, Dukes, Reating & Faneca, P.A. (Firm/Company) P. O. Drawer W (Address) Gulfport, MS 39501 (City/State/Zip)

Should you need to call someone concerning this matter, please call:

COURIER ADDRESS:

To:

Qualification/Tax Lien Section

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 14, 1999

WILLIAM W. ABBOTT, JR. DUKES, DUKES, ET AL. PO DRAWER W GULFPORT, MS 39501

SUBJECT: BHARAT, INC. Ref. Number: W99000001008

We have received your document for BHARAT, INC. and your check(s) totaling \$131.25. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6092.

Hart Collins Senior Corporate Section Administrator

Letter Number: 099A00001955

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

| Y also some domestic mod | Crita B. Congoni | , do hereby certif | У |
|--------------------------|------------------------------------------------|---------------------------|--------------|
| i, the undersigned | Smita B. Sangani (Name) | | |
| that this Resolution of | the Board of Directors ofBharat, | Inc. | |
| | (Corporate Name) | | |
| a corporation duly or | ganized and existing under the laws of the St | ate of <u>Mississippi</u> | ., |
| was duly adopted on | February 2 | , 19 ⁹⁹ | ma Sa essame |
| Be it resolved, that | Bharat, Inc. (Corporate N | vame) | _• |
| organized and existing | g in the State of <u>Mississippi</u> | , hereby adopts the nam | e |
| Bharat Const | ruction, Inc. | for use in Florid | a. |
| Dated: February | | | DIV |
| | Signature of either Chairman, Vice Chairman | | |
| | Smita B. Sangani , Chairmai Type or print name | | STATE |

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. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated) (FEI number, if applicable) January 12, 1996 perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") pending (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 5601 Sound Bluff Road Ocean Springs, MS 39564 (Current mailing address) All purposes authorized by law (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Don Bodin Office Address: 1290 North Palm Avenue Sarasota _____, Florida, <u>34236</u> (Zip code) 10. 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)

^{11.} 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.

| Jaarman: | Smita B. Sangani | <u> </u> | · . | |
|---------------------------------------------|---------------------------------------------|---------------------------------------|---------------------------------------|--------------|
| Address: | 5601 Sound Bluff Road | | | |
| | Ocean Springs, MS 39564 | | · | |
| √ice Chairma | n; | | | |
| Address: | | | | |
| | , | | | |
| Director: | | | . : | |
| Address: | | | | |
| | ······································ | | | |
| Director: | | | | |
| Address: | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | · |
| | RS (Street address only - P.O. Box No | OT acceptable) | - ₂ | |
| ddress: | 5601 Sound Bluff Road | | | |
| | Ocean Springs, MS 39564 | <u> </u> | | <u>.</u> |
| | | | . = | |
| ice President | | | <u></u> | |
| | | | | - |
| ddress: | · | | - Adjust a | |
| ddress: | | | - Adjust a | |
| ddress: | | | | |
| ddress: | | | | |
| ddress: ecretary: ddress: | · | | | |
| ddress: ecretary: ddress: reasurer: ddress: | | | | |
| ddress: ecretary: ddress: reasurer: ddress: | ecessary, you may attach an addendum to the | | r directors. | |

State of Mississippi

Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on January 12,1996 the state of Mississippi issued a Charter/Certificate of Authority to:

BHARAT, INC.

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of Sissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

Given under my hand and seal of office January 07,1999

ERIC CLARK, Secretary of State

STATE OF STA