

F990000003211

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: EASTERN CONSULTING SERVICES Inc.,  
(Name of corporation - must include suffix)

600002907226--5

-06/17/99--01024--002

\*\*\*\*\*87.50 \*\*\*\*\*87.50

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:

JOHN RAJ

(Name of Person)

EASTERN CONSULTING SERVICES Inc.,

(Firm/Company)

926, NW 13<sup>TH</sup> ST,

(Address)

GAINESVILLE, FLORIDA 32601

(City/State/Zip)

90 JUN 18 AM 11:19

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

with

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

JOHN RAJ

(Name of Person)

at (352) 336-3274 or (352) 379-3737

(Area Code & Daytime Telephone Number)

6/22

STREET ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$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

chk # 1239 for  
\$87.50.

**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. EASTERN CONSULTING SERVICES Inc.,

(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.)

2. NEW YORK - USA

(State or country under the law of which it is incorporated)

3. 13-4047226

(FEI number, if applicable)

4. March 02, 1999

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. JUNE 1999.

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. P.O. Box 12554, GAINESVILLE, FL 32604

(Current mailing address)

8. Technological Services, Development of Computer Software, Training  
(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: JOHN RAJ

Office Address: 926, NW 13<sup>TH</sup> St., Eastern Consulting Services Suite B,  
GAINESVILLE, Florida, 32601  
(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.*

John Raj  
(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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: EMI ANGELINA JACOB

Address: 75 BEAUMONT CIRCLE #2  
YONKERS, NY 10710

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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B. OFFICERS

President: EMI ANGELINA JACOB

Address: 75 BEAUMONT CIRCLE #2  
YONKERS, NY 10710

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: JACOB ARULHAS

Address: 75 BEAUMONT CIRCLE #2  
YONKERS NY 10710

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Emi Angelina Jacob  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. EMI ANGELINA JACOB  
(Typed or printed name and capacity of person signing application)

State of New York } ss:  
Department of State

I hereby certify, that the certificate of incorporation of EASTERN CONSULTING SERVICES, INC. was filed on 03/01/1999, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

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Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 11th day of June  
one thousand nine hundred and  
ninety-nine.



Special Deputy Secretary of State

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FILED  
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