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To: Qualification/Tax Lien Section		99 OCT
Division of Corporations		S S
SUBJECT: SALEM ASSOCIATE	S, INC	5
	on - must include suffix)	星 000
Dear Sir or Madam:		AH 11: 04
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to r transact business in Florida.		
Please return all correspondence concerning this matter	to the following:	
NOG A. NAGARA	780	
No G. A. NAGARA (Name of	Person)	w99-23686
SALEM ASSOCIAT		
(Firm/Co		
7074, PEACHTREE	H ON SIGNORIA	- 2/3/1
(Add	ress)	701
0) 25,9296/	3 0 m	〈 フ /
NoRCROSS, GA (City/Sta	(ate/Zin)	
(3,	1000030	7 14311 7990036001
Should you need to call someone concerning this matte	来来来来!	37.50 ************************************
77.	729-8089	. <u>=</u>
(Name of Person) at (770)	Code & Daytime Telephone Numbe	是 9 刀
(Mea	Social de Baytimo Telephone Manoe	
		三章 三光
STREET ADDRESS:	MAILING ADDRESS:	No a S
	·	
Qualification/Tax Lien Section Division of Corporations	Qualification/Tax Lien Section Division of Corporations	<u>-</u> 2
409 E. Gaines St.	P.O. Box 6827	
Tallahassee, FL 32399	[Tallahassee, FL 3231]4	
Enclosed is a check for the following amount:	10114199	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐	\$78.75 Filing Fee & 3 \$87.50	Filing Fee,

Certificate of Status &

Certified Copy

Certified Copy

☐ \$78.75 Filing Fee & Certificate of Status -----



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 14, 1999

NOGA NAGARAJAN SALEM ASSOCIATES, INC. 7074 PEACHTREE INDUSTRIAL BLVD., #210 NORCROSS, GA 30071

SUBJECT: SALEM ASSOCIATES, INC.

Ref. Number: W99000023686

We have received your document for SALEM ASSOCIATES, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6958.

Letter Number: 399A00049546

Lee Rivers Document Specialist 99 OCT 15 MIL: OH

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED BY REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. SALEM ASSOCIATES INC. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. SALEM ASSOCIATES 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. Georgia 3. Se-212956/ (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/31/94 5. PERPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. U PON QUALIFICATION
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 7074 PEACHTREE INDUSTRIAL BLUD, SUITE 210
NORCROSS, - 61A 30071
(Current mailing address)
8. INFORMATION TECHNOLOGY CONSULTING SERVICES (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(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: CHUCK BEENAN
Office Address: 15350, AMBERLY DRIVE
Apr + 1822 Tay DA Florida 821 27
APT # 1822 TAMPA , Florida, 33647 (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.
B. Chul
(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

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

which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)	
	ORS (Street address only - P.O. Box NOT acceptable)
hairman:	SUNDAR GARG
ddress:	10730 BRANHAM FIELDEROAD &
	SUNDAR GARG 10730 BRANHAM FIELDEROAD 8 32
ice Chairma	NIC A NICCOUNTRY
ddress:	3900 NOBLIN RIDGE DR-
	DULUTH, GA 30057
	
irector:	
duress	
. OFFICE	RS (Street address only - P.O. Box NOT acceptable)
esident:	SUNDAR GARG
	10730 BRADHAM FIELDEROAD
	DULUTH, GA 30097
	NOC A.NACARATAN
	3900 NOOLIN RIDGE DR
	The second Contract of
	1301014, (21) 3007)
idress:	
idress:	
OTE: If neg	essary, you may attach an addendum to the application listing additional officers and/or directors.
i	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : K92870576

CONTROL NUMBER : K422020
DATE INC/AUTH/FILED: 08/31/1994

JURISDICTION : GEORGIA

PRINT DATE : 10/14/1999

FORM NUMBER : 211

SALEM ASSOCIATES, INC.
ATTN: DEAN CLINE, DIRECTOR OF OPS.
7074 PEACHTREE INDUSTRIAL BLVD STE 210
NORCROSS, GA 30071

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SALEM ASSOCIATES, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above 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 abovenamed 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.



Aury Cop

Cathy Cox Secretary of State