

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000230201 3)))



H130002302013ABCM

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400

Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_Filings@Delawareinc.com__pkram@ramassociates.us

FLORIDA PROFIT/NON PROFIT CORPORATION PROGRESSBAY INC.

Certificate of Status	11
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

HECEVED

13 OCT 16 PH 3: 47

mD10/17

H13000230201 3

13022694705 From: Harvard Filings Team

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE I NA name of the corpor	INCIPAL OFFICE		•		
IICLE II PR	Principal street address	М	ailing address,	if different is:	
/180 kuruburahalli mahalakshmi puram post					
ingalore-56	0086- karnataka				
TICLE III PU	RPOSE				
purpose for which	the corporation is organized is:		**		
ata and em	ail marketing				莎
				25 % 	<u>-</u>
				3SS (4)	5
			<u></u>	£44 · - 7.	
			 	<u>.</u> 프	A E
				93	☵
				O M	
	MARES 100 @ \$1.00 par			30-	
TICLE V IN	ITIAL OFFICERS AND/OR DIRECTORS	_			
TICLE V IN	ITIAL OFFICERS AND/OR DIRECTORS	Name and Title:			
TICLE V IN	ITIAL OFFICERS AND/OR DIRECTORS	_			
TICLE V IN	ITIAL OFFICERS AND/OR DIRECTORS lc: MARJORIE ANNE JOSEPH, Director 9/180 kuruburahalli mahalakshmi puram post	Name and Title:			
TICLE V IN	ITIAL OFFICERS AND/OR DIRECTORS lc: MARJORIE ANNE JOSEPH, Director 9/180 kuruburahalli mahalakshmi puram post bangalore-560086- karnataka	Name and Title:			
Name and Tit Address	ITIAL OFFICERS AND/OR DIRECTORS lc: MARJORIE ANNE JOSEPH, Director 9/180 kuruburahalli mahalakshmi puram post bangalore-560086- karnataka	Name and Title: Address: Name and Title:			
Name and Tit Address Name and Tit	MARJORIE ANNE JOSEPH, Director 9/180 kuruburahalli mahalakshmi puram post bangalore-560086- karnataka	Name and Title: Address: Name and Title:			
Name and Tit Address Name and Titl Address	MARJORIE ANNE JOSEPH, Director 9/180 kuruburahalli mahalakshmi puram post bangalore-560086- karnataka	Name and Title: Address: Name and Title: Address:			
Name and Tit Address Name and Titl Address	MARJORIE ANNE JOSEPH, Director 9/180 kuruburahalli mahalakshmi puram post bangalore-560086- karnataka	Name and Title: Address: Name and Title: Address: Name and Title:			

Address:

H13000230201 3 (conti.)

Name and Title:_

ARTICLE VI REGISTERED AGENT

Name and Title:_

Address

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Registered Agents Inc.

Address:

3030 N. Rocky Point Dr. STE 150A

Tampa, FL 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Harvard Business Services, Inc.

Address:

16192 Coastal Highway

Lewes, DE 19958

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Dan Keen - President

10/16/2013

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Required Signature/Incorporator

Richard H. Bell II

10/16/2013

Date