

Division of Corporations

Page 1 of 1

# F1400003830

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

(((H14000212483 3)))



H140002124833ABCZ

**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 : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

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

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

**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**W3 CLOUD SOLUTIONS INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

TS 9/11/14

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 10 PM 1:00

RECEIVED  
DIVISION OF CORPORATIONS

14 SEP 10 AM 10:58

RECEIVED

TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** W3 CLOUD SOLUTIONS 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:

Imelda Vasquez

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

100 W. Broadaway Suite 100

(Address)

Glendale, CA 91210

(City/State and Zip code)

For further information concerning this matter, please call:

Imelda Vasquez

(Name of Person)

at ( 323 ) 962-8600

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration 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

**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. W3 CLOUD SOLUTIONS INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. California**

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

**3. 45-4860534**

(FEI number, if applicable)

**4. 03/02/2012**

(Date of incorporation)

**5. perpetual**

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

**6. 09/01/2014**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 4711 VALLEY VISTA DRIVE, DUBLIN, CA 94568**

(Principal office address)

(Current mailing address)

**8. Consulting**

(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 NOT acceptable)**

Name: **KISHORE CHANDOLU**

Office Address: **605 Oaks Drive, #806**

**Pompano Beach**

(City)

, Florida **33069**

(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) **KISHORE CHANDOLU**

**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 business addresses of officers and/or directors:**

SEP 10 PM 1:00  
DIVISION OF REVENUE  
TAX

**A. DIRECTORS**Chairman: KISHORE CHANDOLUAddress: 605 Oaks Drive, #806, Pompano Beach, FL 33069

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

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

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

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

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

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

**B. OFFICERS**President: KISHORE CHANDOLUAddress: 605 Oaks Drive, #806, Pompano Beach, FL 33069

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

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

Secretary: KISHORE CHANDOLUAddress: 605 Oaks Drive, #806, Pompano Beach, FL 33069Treasurer: KISHORE CHANDOLUAddress: 605 Oaks Drive, #806, Pompano Beach, FL 33069

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

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. KISHORE CHANDOLU, President

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

SEP 10 PM 1:00  
DIVISION OF RECEPTION  
7th FLOOR  
SECRETARY OF STATE

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

W3 CLOUD SOLUTIONS INC.

**FILE NUMBER:** C3458662  
**FORMATION DATE:** 03/02/2012  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of August 28, 2014.

*Debra Bowen*

DEBRA BOWEN  
Secretary of State