

F1500005093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

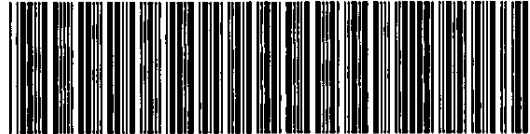
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

NOV 17 2015

S. YOUNG

porte brown®
CERTIFIED PUBLIC ACCOUNTANTS

November 2, 2015

Raj Kothapalli
Isqare Technologies Inc.
2550 Gray Falls Dr.
Suite 218
Houston, TX 77077

Raj,

Enclosed please find the documents for Authority Transact business in the state of Florida. Please review the documents, sign where indicated by the red arrow. Enclose a check in the amount of **\$87.50** for the filing fee and a Certificate of Status and Certified Copy. This will be best to certify transaction.

I have enclosed a self-addressed envelope to the Secretary of State in Florida. Once signing the document, enclose all copies and the check in the envelope. The copy is for your file.

If you have any questions, please contact me. Thank you.

Sincerely,



Linda Cerqua/Porte Brown LLC

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISQARE TECHNOLOGIES, 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," or "Certificate of Good Standing" 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:

LINDA CERQUA

Name of Person

PORTE BROWN LLC

Firm/Company

845 OAKTON ST.

Address

ELK GROVE VILLAGE, IL 60007

City/State and Zip code

lcerqua@portebrown.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA CERQUA

847

956-1040

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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SECRETARY OF 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.*

ISQARE TECHNOLOGIES, INC.

1.

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

ISQARE

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

TEXAS

2.

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

3.

(FEI number, if applicable)

7/29/2011

4.

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

REGISTRATION DATE

6.

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

2550 GRAY FALLS DR. SUITE 218 HOUSTON, TX 77077

7.

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

BUSINESS FILINGS INCORPORATED

Office Address:

1200 SOUTH PINE ISLAND ROAD

PLANTATION

(City)

, Florida

33324

(Zip code)

9. 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.

*Brenna Shutter, Asst Secretary
for Business Filings Incorporated*
(Registered agent's signature)

10. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: RAJ KOTHAPALLI

Address: 2550 GRAY FALLS DR. SUITE 218

HOUSTON, TX 77077

Director: _____

Address: _____

B. OFFICERS

President: LAKSHMI SIREESHA VERAPANENI

Address: 2550 GRAY FALLS DRIVE SUITE 218

HOUSTON, TX 7707

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. RAJ KOTHAPALLI/DIRECTOR

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

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TALLAHASSEE, FLORIDA

Raj K. K.

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Hope Andrade
Secretary of State

Office of the Secretary of State

August 01, 2011

Attn: Kota Rajeswari

Kota Rajeswari
2050 Route 27, Suite # 102
North Brunswick, NJ 08902 USA

RE: ISQARE Technologies, Inc
File Number: 801459187

It has been our pleasure to file the certificate of formation and issue the enclosed certificate of filing evidencing the existence of the newly created domestic for-profit corporation.

Unless exempted, the entity formed is subject to state tax laws, including franchise tax laws. Shortly, the Comptroller of Public Accounts will be contacting the entity at its registered office for information that will assist the Comptroller in setting up the franchise tax account for the entity. Information about franchise tax, and contact information for the Comptroller's office, is available on their web site at <http://window.state.tx.us/taxinfo/franchise/index.html>.

The entity formed does not file annual reports with the Secretary of State. Documents will be filed with the Secretary of State if the entity needs to amend one of the provisions in its certificate of formation. It is important for the entity to continuously maintain a registered agent and office in Texas. Failure to maintain an agent or office or file a change to the information in Texas may result in the involuntary termination of the entity.

If we can be of further service at any time, please let us know.

Sincerely,

Corporations Section
Business & Public Filings Division
(512) 463-5555

Enclosure

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Hope Andrade
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

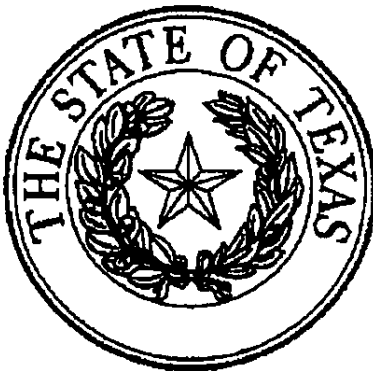
ISQARE Technologies, Inc
File Number: 801459187
Assumed Name:
ISQARE

The undersigned, as Secretary of State of Texas, hereby certifies that the assumed name certificate for the above named entity has been received in this office and filed as provided by law on the date shown below.

ACCORDINGLY the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law hereby issues this Certificate of Filing.

Dated: 08/01/2011

Effective: 08/01/2011



Hope Andrade
Hope Andrade
Secretary of State
TALLAHASSEE, FLORIDA
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Come visit us on the Internet at <http://www.sos.state.tx.us/>

Phone: (512) 463-5555
Prepared by: WEBSUBSCRIBER

Fax: (512) 463-5709
TID: 10342

Dial: 7-1-1 for Relay Services
Document: 379989050004