

F16000004369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

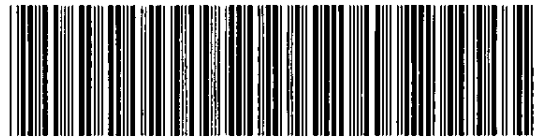
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600289721436

09/06/16--01028--002 **70.00

16 SEP 26 PM 12:15
RECEIVED
FBI/DOJ

W48-62040



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2016

HARIKA VEMPATI
7781 REFLECTION COVE DR APT 207
FORT MYERS, FL 33907 US

SUBJECT: CLOUD HUB IT SOLUTIONS INC.
Ref. Number: W16000062040

2016-09-09 PM 4:53

We have received your document for CLOUD HUB IT SOLUTIONS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 916A00019215

**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.*

CLOUD HUB IT SOLUTIONS INC

1. _____
(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)
TEXAS 81-3651443

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
08/24/2016

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1701 ROYAL LN, SUITE 5302, DALLAS TX 75229

7. _____
(Principal office address)
7781 REFLECTION COVE DR, APT # 207, FORT MYERS, FL - 33907

(Current mailing address, if different)

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

Name: HARIKA VEMPATI
7781 RELECTION COVE DR, APT # 207

Office Address: FORT MYERS 33907
_____, Florida _____
(City) (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.

HariKa

(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.

16 SEP 26 PM 12:15
CLERK OF COURT

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

A. DIRECTORS

HARIKA VEMPATI

Chairman:

7781 REFLECTION COVE DR, APT # 207

Address:

FORT MYERS, FL 33907

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

HARIKA VEMPATI

President:

7781 REFLECTION COVE DR, APT # 207

Address:

FORT MYERS, FL 33907

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.

HARIKA

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.

HARIKA VEMPATI, PRESIDENT

13.

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



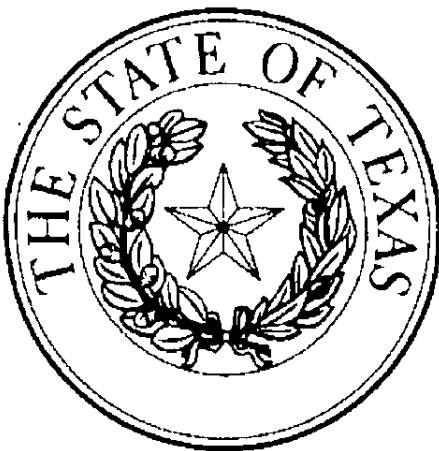
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Cloud Hub IT solutions Inc (file number 802526336), a Domestic For-Profit Corporation, was filed in this office on August 23, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 31, 2016.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State