

FL000005590

(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:

Will-75771

Office Use Only



800291936228

11/07/16--01011--005 **78.75

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16 DEC 20 AM 9:06
CLERK OF SUPERIOR COURT
STATE OF FLORIDA

T WASHINGTON

DEC 21 2016

2417



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2016

T R LAXMAN
1095 BROKN SOUND PKWY NW, SUITE 201
BOCA RATON, FL 33487

SUBJECT: CLOUD ACCEL INC
Ref. Number: W16000075771

RECEIVED
2016 DEC 20 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CLOUD ACCEL INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, 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.

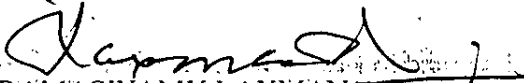
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tanisha L Washington
Regulatory Specialist II

Letter Number 316A00023984

PLEASE FIND ATTACHED THE CERTIFICATE OF GOOD STANDING AS RECIVED
FROM THE DELAWARE STATE AS REQUESTED ABOVE.
ALSO RETURNING THE FILING DOCUMENTS.
REQUEST PORCESS THE APPLICATION AT YOUR EARLIEST


RAMASWAMY LAXMAN
DECEMBER 16, 2016

COVER LETTER

TO: Registration Section
Division of Corporations
CLOUD ACCEL INC

SUBJECT: _____
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:
T R LAXMAN

Name of Person
T R THE TAXMAN INC

Firm/Company
1095 BROKEN SOUND PKWY NW, SUITE 201

Address
BOCA RATON, FL 33487

City/State and Zip code
tr@trthetaxman.net

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

For further information concerning this matter, please call:

T R LAXMAN 561 404 3057

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

**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 ACCEL 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)
2. DELAWARE 3. 81-4274229

(State or country under the law of which it is incorporated) (FEI number, if applicable)
10-28-2016

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)
12841 HYLAND CIR., BOCA RATON, FL 33428

7. _____
(Principal office address)
C/O T R THE TAXMAN INC., 9858 CLINT MOORE RD., SUITE C111-131, BOCA RATON, FL 33496

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
T R THE TAXMAN INC

Name:

9858 CLINT MOORE RD, SUITE C111-131

Office Address:

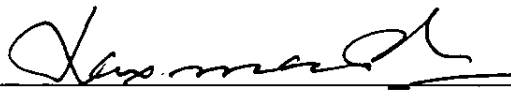
BOCA RATON

33496

_____, 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.



(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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16 DEC 20 AM 9:06
STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

SUMANT MEHTA

Chairman:

1945 S OCEAN DR.; APT 2802

Address:

HALLANDALE BEACH, FL 33009

Vice Chairman:

Address:

SURYA K SRIPADA

Director:

9 SUMMIT DR

Address:

EAST BRUNSWICK, NJ 08816

Director:

VENKATESWRLU VADLAMUDI

18291 SW 22ND ST

Address:

MIRMAR, FL 33029

B. OFFICERS

SURYA CHALLA

President:

12841 HYLAND CIR

Address:

BOCA RATON, FL 33428

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.

C. Sum Challa 11/04/2016

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.

SURYA CHALLA, PRESIDENT

13.

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

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STATE
FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CLOUD ACCEL, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLOUD ACCEL,
INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D.
2016.

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16 DEC 20 AM 9:06
STATE
DELAWARE



6195516 8300

SR# 20166976635

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203478368

Date: 12-08-16