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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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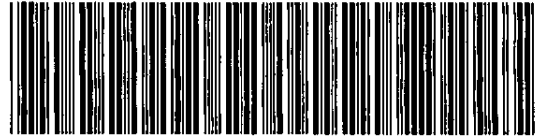
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 JAN 26 P 1:37
STATE COURT OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JAN 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TECHPILLARS 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:

MIKE PREVATT

Name of Person

TECHPILLARS INC.

Firm/Company

3000 BAYPORT DRIVE, SUITE 840

Address

TAMPA, FL 33607

City/State and Zip code

MICHAEL.PREVATT@SSTECH.US

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

For further information concerning this matter, please call:

MIKE PREVATT

at (727) 723-0801

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
TALLAHASSEE, FLORIDA

**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.*

TECHPILLARS 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. GEORGIA 3. 57-1227406
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/29/2005 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 01/01/2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6 CONCOURSE PARKWAY, SUITE 2950, ATLANTA, GA 30328
(Principal office address)

3000 BAYPORT DRIVE, SUITE 2950, TAMPA, FL 33607
(Current mailing address, if different)

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

Name: SREEDHAR VEERAMACHIANENI

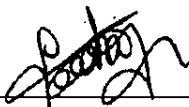
Office Address: 3000 BAYPORT DRIVE, SUITE 840

TAMPA, Florida 33607
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

Chairman: SREEDHAR VEERAMACHANENI

Address: 4327 COVE DRIVE

PALM HARBOR, FL 34685

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: SREEDHAR VEERAMACHANENI

Address: 4327 COVE DRIVE

PALM HARBOR, FL 34685

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. SREEDHAR VEERAMACHANENI - PRESIDENT

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

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2017 JAN 26 P 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF CERTIFIED COPY

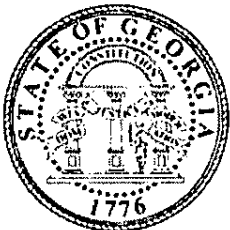
I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed with the Corporations Division of the Office of the Secretary of State of Georgia under the name of

TECHPILLARS, INC.

a Domestic Profit Corporation

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

Docket Number	: 1601948
Date Inc/Auth/Filed	: 12/01/2010
Jurisdiction	: Georgia
Print Date	: 01/24/2017
Form Number	: 215



A handwritten signature in black ink, appearing to read "B. P. Kemp".

Brian P. Kemp
Secretary of State