

F17000001569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

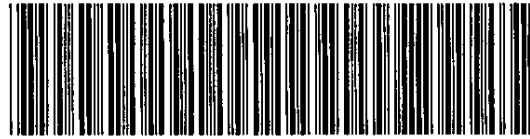
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W17-23270

Office Use Only



800296249158

03/15/17--01018--022 \*\*87.50

17 APR -3 PM 3:07

FILED

O SIMMONS  
APR 06 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2017

MASTAN PAIDELA  
400 CHATHAM RD, STE 100  
SPRINGFIELD, IL 62704

SUBJECT: SYNAPSIS INC.  
Ref. Number: W17000023270

We have received your document for SYNAPSIS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L12000013186.

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.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 117A00005165

AT CE

2017 APR -3 AM 11:11

REGULATORY SPECIALIST II

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SYNAPSIS 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:

MASTAN R. PAIDELA

\_\_\_\_\_  
Name of Person

SYNAPSIS INC.

\_\_\_\_\_  
Firm/Company

400 CHATHAM RD, SUITE 100

\_\_\_\_\_  
Address

SPRINGFIELD/IL, 62704

\_\_\_\_\_  
City/State and Zip code

mastan@synapsisinc.com

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

For further information concerning this matter, please call:

MASTAN R. PAIDELA

217

971-4330

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

**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.*

SYNAPSIS INC.

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

SYNAPSIS SOL INC.

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

2. ILLINOIS 3. 81-0718852  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/02/2015 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)

7. 400 CHATHAM RD, SUITE 100, SPRINGFIELD, IL - 62704  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: ABHINAV KETHINENI

Office Address: 9918 BALAYE RUN DR, APT 101

TAMPA, Florida 33619  
(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.*

*K. Abhinav Kumar*

\_\_\_\_\_  
(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: MASTAN R. PAIDELA

Address: 400 CHATHAM RD, SUITE 100, SPRINGFIELD, IL - 62704

Vice Chairman: MASTAN R. PAIDELA

Address: 400 CHATHAM RD, SUITE 100, SPRINGFIELD, IL - 62704

Director: MASTAN R. PAIDELA

Address: 400 CHATHAM RD, SUITE 100, SPRINGFIELD, IL - 62704

Director: SUMITRA GANGAVARAM

Address: 400 CHATHAM RD, SUITE 100, SPRINGFIELD, IL - 62704

**B. OFFICERS**

President: MASTAN R. PAIDELA

Address: 400 CHATHAM RD, SUITE 100, SPRINGFIELD, IL - 62704

Vice President: MASTAN R. PAIDELA

Address: 400 CHATHAM RD, SUITE 100, SPRINGFIELD, IL - 62704

Secretary: MASTAN R. PAIDELA

Address: 400 CHATHAM RD, SUITE 100, SPRINGFIELD, IL - 62704

Treasurer: MASTAN R. PAIDELA

Address: 400 CHATHAM RD, SUITE 100, SPRINGFIELD, IL - 62704

**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.

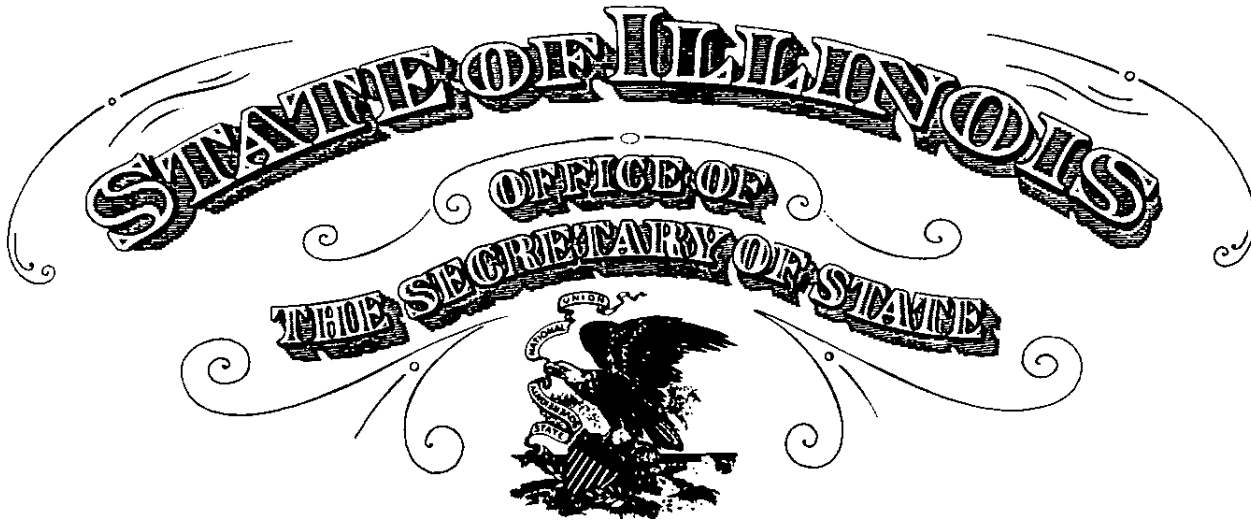
13. MASTAN R. PAIDELA, PRESIDENT

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

17 APR -3 PM 5:00

File Number

7042-283-2



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

SYNOPSIS INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 02, 2015, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 14TH  
day of MARCH A.D. 2017 .***

*Jesse White*

SECRETARY OF STATE