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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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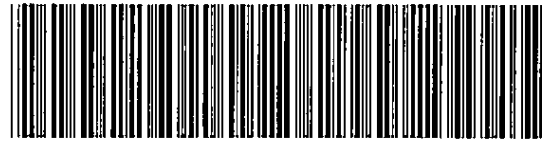
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TECHZION IT SOLUTIONS 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:

RENU VARDHAN

Name of Person

RENU VARDHAN CPA PL

Firm/Company

360 CROWN OAK CENTRE DRIVE

Address

LONGWOOD, FL 32750

City/State and Zip code

RENU@YASHCON.COM

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

For further information concerning this matter, please call:

RENU VARDHAN

407 636-3555
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.*

1. TECHZION IT SOLUTIONS INC ✓
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. TEXAS ✓ 3. 84-2450930 ✓
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JULY 17, 2019 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. OCTOBER 25, 2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1530 Tropic Park Dr, Sanford, FL 32773
(Principal office address)
- 1530 Tropic Park Dr, Sanford, FL 32773
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: KIRAN RAMASANI ✓
- Office Address: 1530 Tropic Park Dr
- Sanford, Florida 32773
(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.

R. Kiran ✓ ?
(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: KIRAN RAMASANI

Address: 1530 Tropic Park Dr, Sanford, FL 32773

Vice Chairman: KIRAN RAMASANI

Address: 1530 Tropic Park Dr, Sanford, FL 32773

Director: SHIVA CHARAN REDDY JAKKIDI

Address: 1530 Tropic Park Dr, Sanford, FL 32773

Director: _____

Address: _____

B. OFFICERS

President: KIRAN RAMASANI

Address: 1530 Tropic Park Dr, Sanford, FL 32773

Vice President: KIRAN RAMASANI

Address: 1530 Tropic Park Dr, Sanford, FL 32773

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. R. Kiran _____
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. KIRAN RAMASANI, PRESIDENT R. Kiran _____

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

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



Ruth R. Hughes
Secretary of State

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 TECHZION IT SOLUTIONS, INC (file number 803370383), a Domestic For-Profit Corporation, was filed in this office on July 17, 2019.

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

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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 October 14, 2019. ✓



A handwritten signature in black ink, appearing to read "Ruth R. Hughes".

Ruth R. Hughes
Secretary of State