

P00000026074  
TRANSMITTAL LETTER

FILED

00 MAR -8 PM 2: 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Chari Innovations Inc.  
(Proposed corporate name - must include suffix)

900003162759--0  
-03/08/00--01095--007  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Nallan C. A. Chari  
Name (Printed or typed)

108 Forest Ave.  
Address

Altamonte Springs Fl 32701  
City, State & Zip

(407) 339-8998  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

PH 3/17/00

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Chari Innovations Inc..

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

108 Forest Avenue  
Altamonte Springs FL 32701

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Research & Development

## ARTICLE IV SHARES

The number of shares of stock is:

100,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Nallan C. A. Chari, President, Secretary, Treasurer  
Srinivas Sagar Chari, Vice President

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Nallan C. A. Chari  
108 Forest Ave., Altamonte Springs FL 32701

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Nallan C. A. Chari  
108 Forest Ave., Altamonte Springs Fl 32701

\*\*\*\*\*  
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


  
\_\_\_\_\_  
Signature/Registered Agent

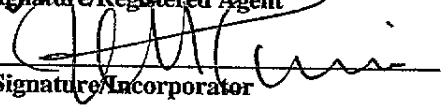
  
\_\_\_\_\_  
Signature/Incorporator

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date