

P090000001682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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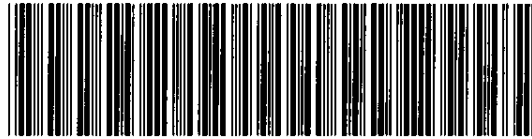
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 JAN -6 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
1/9/09

COVER LETTER

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

SUBJECT: SHIPRA SOFT INC

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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: SHIVASHANKAR GOLLARAHALLI

Name (Printed or typed)

10150 BELLE RIVE BLVD. UNIT 1108

Address

JACKSONVILLE, FL 32256

City, State & Zip

571-277-0445

Daytime Telephone number

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

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:

SHIPRA SOFT INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

10150BELLE RIVE BLVD, UNIT 1108,JACKSONVILLE, FL 32256

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SOFTWARE CONSULTING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

SHIVASHANKAR GOLLARAHALLI, PRESIDENT

10150BELLE RIVE BLVD, UNIT 1108,

JACKSONVILLE, FL 32256

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

SHIVASHANKAR GOLLARAHALLI

10150BELLE RIVE BLVD, UNIT 1108,JACKSONVILLE, FL 32256

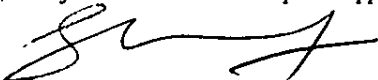
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHIVASHANKAR GOLLARAHALLI

10150BELLE RIVE BLVD, UNIT 1108,JACKSONVILLE, FL 32256

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

FILED

09 JAN -6 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/01/2009

Date

01/01/2009

Date