

PI00000085788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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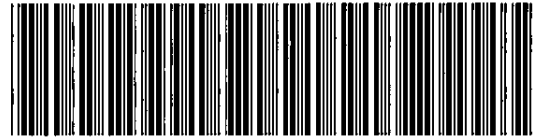
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/19/10--01016--007 **75.00

10 OCT 19 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

17X

COVER LETTER

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

SUBJECT: SASDOC 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: RAMARAO MAKKENA

Name (Printed or typed)

3389 W VINE ST, SUITE 304

Address

KISSIMMEE, FL 34741

City, State & Zip

407.701.0240

Daytime Telephone number

surapanenisrini@gmail.com

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

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)

APPROVED
AND
FILED

10 OCT 19 PM 3:33

ARTICLE I NAME SASDOC INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
3389 W VINE ST, SUITE 304
KISSIMMEE, FL 34741

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different from principal office address

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
For Profit Corporation

ARTICLE IV SHARES
The number of shares of stock is 30000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Srinivas Surapaneni, Officer	Name and Title: Rama Rao Makkena, Officer
Address: 3389 W VINE ST, SUITE 304	Address: 3389 W VINE ST, SUITE 304
KISSIMMEE, FL 34741	KISSIMMEE, FL 34741

Name and Title: Prasad Vemulapalli, Officer	Name and Title:
Address: 3389 W VINE ST, SUITE 304	Address:
KISSIMMEE, FL 34741	

Name and Title:	Name and Title:
Address:	Address:

ARTICLE VI REGISTERED AGENT

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

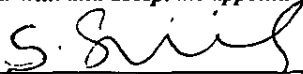
Name: Srinivas Surapaneni
Address: 3389 W VINE ST, SUITE 304
KISSIMMEE, FL 34741

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Srinivas Surapaneni
Address: 3389 W VINE ST, SUITE 304
KISSIMMEE, FL 34741

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


Required Signature/Registered Agent

10/13/2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.


Required Signature/Incorporator

10/13/2010
Date