

P11000007271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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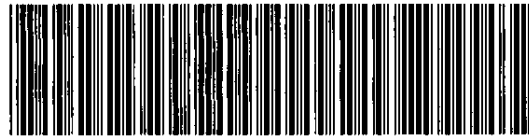
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 JAN 21 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 24 2011

W10-53901

691
611
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COVER LETTER

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

SUBJECT: NEOKOMODO 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: VISHNU VARDHAN REDDY

Name (Printed or typed)

503 Crowne Sunset Dr, Apt #1314

Address

Ormond Beach, FL, 32174

City, State & Zip

703-475-5774

Daytime Telephone number

vikas@vgcpainc.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: **NEOKOMODO INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
503 Crowne Sunset Dr, Apt #1314
Ormond Beach, FL, 32174

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
IT CONSULTING AND DESIGN SERVICES

ARTICLE IV SHARES

The number of shares of stock is: **900**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>VISHNU VARDHAN REDDY, CEO</u>	Name and Title: _____
Address: <u>503 Crowne Sunset Dr, Apt #1314</u>	Address: _____
<u>Ormond Beach, FL, 32174</u>	_____

Name and Title: <u>Sriyothi Mowa</u>	Name and Title: _____
Address: <u>503 Crowne Sunset Dr, Apt #1314</u>	Address: _____
<u>Ormond Beach, FL, 32174</u>	_____

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: VISHNU VARDHAN REDDY
Address: 503 Crowne Sunset Dr, Apt #1314
Ormond Beach, FL, 32174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VISHNU VARDHAN REDDY
Address: 503 Crowne Sunset Dr, Apt #1314
Ormond Beach, FL, 32174

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

Vishnu

Required Signature/Registered Agent

11/2/2010

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.

Vishnu

Required Signature/Incorporator

11/2/2010

Date

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TALLAHASSEE, FLORIDA