

P1200010387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

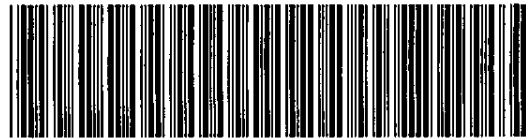
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800219249338

12 JAN 30 PM 12:50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01/30/12--01047--006 **78.75

PS 1/31/12

COVER LETTER

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

SUBJECT: LOTUSRAY 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: **SRINIVAS VENNAM**

Name (Printed or typed)

12434 COLLINSWOOD DR S

Address

JACKSONVILLE, FL 32225

City, State & Zip

904 651-1025

Daytime Telephone number

SVENNAM@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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

12 JAN 30 PM 12:50

ARTICLE II PRINCIPAL OFFICE
Principal street address
12434 COLLINSWOOD DR S
JACKSONVILLE FL 32225

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
PROVIDE COMPUTER PROGRAMMING AND CONSULTANCY SERVICES

ARTICLE IV SHARES
The number of shares of stock is: 1,000,000 (ONE MILLION)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	SRINIVAS VENNAM PRESIDENT & CEO	Name and Title:	
Address:	12434 COLLINSWOOD DR S	Address:	
	JACKSONVILLE FL 32225		

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

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:

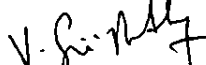
Name: SRINIVAS VENNAM
Address: 12434 COLLINSWOOD DR S
JACKSONVILLE FL 32225

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SRINIVAS VENNAM
Address: 12434 COLLINSWOOD DR S
JACKSONVILLE FL 32225

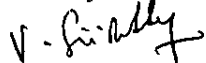
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

01/20/2012
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

01/20/2012
Date