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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

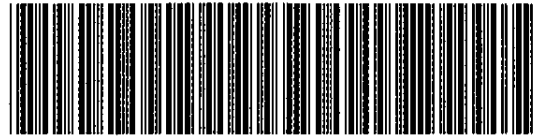
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
12 NOV - 1 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4

## COVER LETTER

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

**SUBJECT: Accelerated Software Corporation**

(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: Eric Shufro

Name (Printed or typed)

108 Cabin Gate

Address

Peachtree City, GA 30269

City, State & Zip

832.474.5930

Daytime Telephone number

eric@shufro.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

**ARTICLE I NAME**

The name of the corporation shall be: Accelerated Software Corporation

12 NOV -1 AM 11:18

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
108 Cabin Gate  
Peachtree City, GA 30269

Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Design and develop computer software for use in, but not limited to, embedded computer systems.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Eric Shufro, Founder and CEO

Address: 108 Cabin Gate  
Peachtree City, GA 30269

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Fabiano Kovalski, Founder and CTO

Address: 628 Holbrook Cir  
Lake Mary, FL 32746

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Fabiano Kovalski  
Address: 628 Holbrook Cir  
Lake Mary, FL 32746

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eric Shufro  
Address: 108 Cabin Gate  
Peachtree City, GA 30269

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

10/15/2012

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

10/15/2012

Date