

P13000044289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

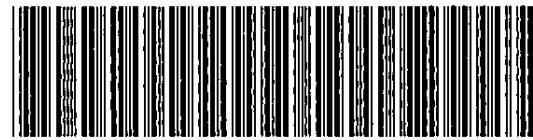
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA
STATE
REGISTRATION
AND
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DIVISION
2013 MAY 20 PM 3:29

13 MAY 20 PM 4:14
SUFFICIENCY OF FILED
FILING OFFICER
FLORIDA

FILED
13 MAY 20 PM 4:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

14

COVER LETTER

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

SUBJECT: SSAP Solutions, 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: SriLatha Gurrala (Director)
Name (Printed or typed)

3909 Reserve Dr, Apt #228
Address

Tallahassee FL - 32311
City, State & Zip

(850) 270-2295
Daytime Telephone number

Latha.Gurrala@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)

ARTICLE I NAME

The name of the corporation shall be: SSAP Solutions, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

3909 Reserve Dr, #228
Tallahassee FL-32311

Mailing address, ~~TALLAHASSEE, FL~~
3909 Reserve Dr, #228
Tallahassee FL-32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Silatha Gurrala (MD)

Name and Title:

Address: 3909 Reserve Dr

Address:

#228

Sathish Gilletta (V.P.)

3909 Reserve Dr

#228

Tallahassee, FL-32311

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(cont.)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Satheesh B Gilrella

Address: 3909 Reserve Dr

#228, Tallahassee, FL-32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Satheesh B Gilrella

Address: 3909 Reserve Dr, #228

Tallahassee FL-32311

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

Satheesh B Gilrella Reddy

Required Signature/Registered Agent

05/20/2013

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.

Reddy

Required Signature/Incorporator

05/20/2013

Date