

From:

713000054039

06/21/2013 10:04

#737 P.002/004

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000141233 3)))



H13000141233ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Vatrak Technologies Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUN 21 AM 10:03

FILED

From:

06/21/2013 10:04

#737 P.003/004

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: Vatrak Technologies Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

970 Lake Carillon Drive

Suite 300

Saint Petersburg, FL, 33716

Mailing address, if different is:

970 Lake Carillon Drive

Suite 300

Saint Petersburg, FL, 33716

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Information technology business

ARTICLE IV SHARES 1,000

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pareshkumar Mehta,

Address

One Lois Lane

Old Bethpage, NY 11804

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

SECRET
STATE
TALLAHASSEE
FLORIDA

13 JUN 21 AM 10:03

FILED

From:

06/21/2013 10:04

#737 P.004/004

(conti.)

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: Pareshkumar Mehta
Address: 970 Lake Carillon Drive Suite 300
Saint Petersburg, FL, 33716

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pareshkumar Mehta
Address: One Lois Lane
Old Bethpage, NY 11804

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

20 JUN 13
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

20 JUN 13
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUN 21 AM 10:03

FILED