

P13000096587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

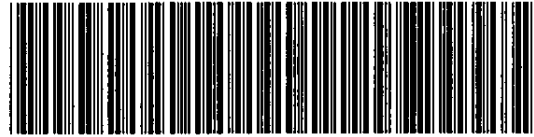
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12/02/13--01011--005 **78.75

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13 DEC -2 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 12/04/13

COVER LETTER

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

SUBJECT: Kanad 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: Kanad Solutions Inc.
Name (Printed or typed)
6148 Eddystone Trail
Address
Jacksonville, FL 32258
City, State & Zip
904-304-3200
Daytime Telephone number
vdugood@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 Kanad Solutions Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address

6148 Eddystone Trail
Jacksonville
FL 32258

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Information Technology Consulting

ARTICLE IV SHARES 100
The number of shares of stock is: _____

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Divyasiri Venkineni, Director
Address: 6148 Eddystone Trail
Jacksonville
FL 32258

Name and Title: Durga P Goodupu, Manager
Address: 6148 Eddystone Trail
Jacksonville
FI 32258

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

(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: Divyasiri Venkineni
Address: 6148 Eddystone Trail
Jacksonville, FL 32258

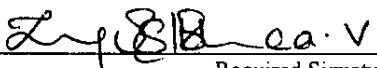
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Divyasiri Venkineni
Address: 6148 Eddystone Trail
Jacksonville, FL 32258

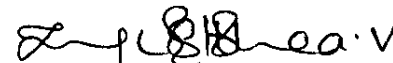
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TALLAHASSEE, FLORIDA

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

10/28/2013
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.


Required Signature/Incorporator

10/28/2013
Date