

P/SUDD48199

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(Business Entity Name)

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EFFECTIVE DATE

6/1/15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 27 AM 11:29

FILED

JUN 1 2015

S. GILBERT

COVER LETTER

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

SUBJECT: SOWIC 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: Sanjay M Muppaneni

Name (Printed or typed)

349 Cobalt Way Unit 308

Address

Sunnyvale, CA 94085

City, State & Zip

(408) 396-1795

Daytime Telephone number

contact@sanjaytaxpro.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

EFFECTIVE DATE

6/1/15

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: SOWIC INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
9160 FORUM CORPORATE PKWY STE 350
FORT MYERS, FL 33905

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 19500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KISHOR K VODERHOBLI

Name and Title: CEO

Address 11866 DIXON DR

Address:

FORT MYERS, FL 33913

Name and Title: KISHOR K VODERHOBLI

Name and Title: CFO

Address 11866 DIXON DR

Address:

FORT MYERS, FL 33913

Name and Title: KISHOR K VODERHOBLI

Name and Title: SECRETARY

Address 11866 DIXON DR

Address:

FORT MYERS, FL 33913

Name and Title: KISHOR K VODERHOBLI

Name and Title: DIRECTOR

Address: 11866 DIXON DR

Address: _____

FORT MYERS, FL 33913

ARTICLE VI REGISTERED AGENT

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

Name: KISHOR K VODERHOBLI

Address: 11866 DIXON DR

FORT MYERS, FL 33913

ARTICLE VII INCORPORATOR

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

Name: SANJAY M MUPPANENI

Address: 349 COBALT WAY UNIT 308

SUNNYVALE, CA 94085

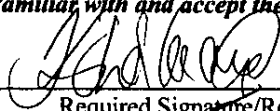
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/01/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

05/15/2015

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

05/15/2015

Date