

P/700002/291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

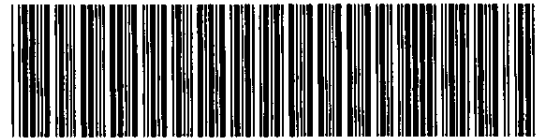
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900294985669

02/15/17--01015--023 **113.75

FILED
17 MAR -9 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W17-013621

03/10/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

17 FEB -9 PM 1:48

REGISTRATION SERVICES
COMMERCIAL
INFORMATION SERVICES

February 16, 2017

NEETA AMANNA
10881 CORY LAKE DR.
TAMPA, FL 33647

SUBJECT: SECURITY IRIS INC
Ref. Number: W17000013621

We have received your document for SECURITY IRIS INC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II

Letter Number: 417A00003063

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: SECURITY IRIS

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

NEETA AMANNA

Contact Person

Firm/Company

10881 CORY LAKE DR

Address

TAMPA FL 33647

City, State and Zip Code

NAMANNA@SECURITYIRIS.COM

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

For further information concerning this matter, please call:

NEETA AMANNA

at (479) 6855650

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

| | | | |
|---|---|---|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees and Certificate of Status | <input type="checkbox"/> \$113.75 Filing Fees and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees, Certified Copy, and Certificate of Status |
|---|---|---|--|

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Security Iris LLC

CL170000001635 ✓

Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability Company

(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of U.S.A

(Enter state, or if a non-U.S. entity, the name of the country)

on Dec 31th 2016 ✓

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Security Iris Inc

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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.

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17 MAR -9 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this march day of 1st, 202017.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: _____

Printed Name: NEETA AMANNA Title: DIRECTOR

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____

Printed Name: NEETA AMANNA Title: MANAGER

Signature: _____

Printed Name: ANILKUMAR JAYAPRAKASH Title: MANAGER

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

| | |
|---|-------------------|
| Certificate of Conversion: | \$35.00 |
| Fees for Florida Articles of Incorporation: | \$70.00 |
| Certified Copy: | \$8.75 (Optional) |
| Certificate of Status: | \$8.75 (Optional) |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: SECURITY IRIS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
27642 CASHFORD CIRCLE SUIT #110

WESLEY CHAPEL , FL

33544

Mailing address, if different is:
10881 CORY LAKE DR

TAMPA FL

33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE STAFFING AND TRAINING SERVICES FOR OUR CLIENTS

ENHANCE AND BUILD NEW SOLUTIONS TO MEET THE BUSINESS NEEDS OF OUR CLIENTS

PROVIDE TRAINING ON EMERGING TECHNOLOGIES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NEETA AMANNA , DIRECTOR

Address: 10881 CORY LAKE DR
TAMPA, FL 33647

Name and Title: _____

Address: _____

Name and Title: ANILKUMAR JAYAPRAKASH, CHAIRMAN

Address: 19008 PORTOFINO DR
TAMPA FL 33647

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: NEETA AMANNA
Address: 10881 CORY LAKE DR
TAMPA FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NEETA AMANNA
Address: 10881 CORY LAKE DR
TAMPA FL 33647

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

X

NEETA AMANNA
Required Signature/Registered Agent

3/1/2017

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

X

NEETA AMANNA
Required Signature/Incorporator

3/1/2017

Date

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17 MAR -9 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA