

**P19000082541**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (950) 617-6381

From:

Account Name : DIVERSIFIED CORPORATE SERVICES, INC.  
Account Number : I20090000024  
Phone : (518) 229-8228  
Fax Number : (302) 371-9850

FILED  
19 NOV -5 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: Jerry@diversifiedcorp.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
COMVIVA TECHNOLOGIES USA INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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**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: COMVTVA TECHNOLOGIES USA INC

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

6440 SOUTHPOINT PARKWAY, SUITE 300

JACKSONVILLE, FL 32216 US

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO ENGAGE IN THE DEVELOPMENT OF IT TECHNOLOGIES.

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MANORANJAN MOHAPATRA, D

Name and Title: \_\_\_\_\_

Address: 6440 SOUTHPOINT PKWY, STE. 300

Address: \_\_\_\_\_

JACKSONVILLE, FL 32216 US

Name and Title: NEERAJ JAIN, D

Name and Title: \_\_\_\_\_

Address: 6440 SOUTHPOINT PKWY, STE. 300

Address: \_\_\_\_\_

JACKSONVILLE, FL 32216 US

Name and Title: ADITYA DHURVA, D

Name and Title: \_\_\_\_\_

Address: 6440 SOUTHPOINT PKWY, STE. 300

Address: \_\_\_\_\_

JACKSONVILLE, FL 32216 US

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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: DIVERSIFIED CORPORATE SERVICES INT'L, INC.  
Address: 18560 NORTH BAY ROAD  
SUNNY ISLES BEACH, FL 33160-2439 US

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MANORANJAN MOHAPATRA  
Address: 6440 SOUTHPOINT PKWY, STE. 300  
JACKSONVILLE, FL 32216 US

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

/s/ JERRY JOSEPH, PRESIDENT

11/05/2019

Required Signature/Registered Agent

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.*

/s/ MANORANJAN MOHAPATRA, INCORPORATOR

11/05/2019

Required Signature/Incorporator

Date

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