

8/24/2020

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Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H20000293226 3

RESUBMIT: Please
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08/24/20

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****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
AIOPS NETWORK, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2020 AUG 26 PM 12:10
ACTION
COMMERCIAL
SERVICES

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COVER LETTER

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

SUBJECT: AIOps Network, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Apoorv Gehlot

Name (Printed or typed)

884 Minnesota Ave

Address

San Jose, CA 95125

City, State & Zip

Daytime Telephone number

accounting@matellio.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 NAMEThe name of the corporation shall be AI Ops Network, Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address
2301 Blake St #246, Denver, CO 80205Mailing address, if different is:

_____**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

Business for building and selling Operations Network and related software and services.

_____**ARTICLE IV SHARES**The number of shares of stock is: 25,000,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Apoorv Gehlot, DirectorAddress 884 Minnesota Ave, San Jose, CA 95125

_____Name and Title: Dilip Singh, DirectorAddress: 2 May Court, Monroe, CT 06468

_____Name and Title: Michael Henderson, DirectorAddress 1250 Oneida Street, Denver, CO 80220

_____Name and Title: Earl Chambers, DirectorAddress: 148 Vista Drive, Eustace, TX 75124

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Apoorv Gehlot

Address: 884 Minnesota Ave, San Jose, CA 95125

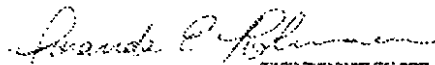
ARTICLE VIII EFFECTIVE DATE:

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



08/24/20

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.



08/24/2020

Required Signature/Incorporator

Date