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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620

Phone

: (608)827-5300

Fax Number

: (608)827-5501

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

Email	Address:		

## FOREIGN PROFIT/NONPROFIT CORPORATION **I2 IT Solutions Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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		STATUTES. THE FOLLOWING IS SUBMITTED BUSINESS IN THE STATE OF FLORIDA	100 至
12 IT Solutions I			ြင
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(Enter mine of confinent "Co.," "Co.," "Co.,"	orporation; must include "INCORFORATED orp." "Inc." "Co." or "Corp.")	O." "COMPANY." "CORPORATION."	
-	and the state of t		<b>1</b>
(If unne unaveila	ble in Florida, enter alternate corporate nam	e salopted for the purpose of nansacting business in Fl	orida)
Delaware	3	27 <del>-4</del> 995959 5.	
(State or country)	under the law of which it is incorporated)	(FEI number, if applicable)	
1/31/2011	-	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpe	mal")
Upon Filing			
	Date first transacted business	in Florida, if prior to registration)	
		1502, F.S., to determine penalty liability)	
222 W. Las Coli	nas Blvd Suite 1650, Irving, Texas 75039		
	(Principal office ad	idress)	
222 W. Las Colin	nas Blvd Suite 1650, Irving, Texas 75039		
	(Current mailing ad	ldress)	
All lawful busine			
(Purpose(s	of corporation authorized in home state or	country to be carried out in state of Florida)	
Name and street	r address of Florida registered agent: (P	O. Box, NOT acceptable)	
	Business Filings Incorporated	•	•
Name:	Districts Frings Heatporated		
ffice Address:	515 E. Park Avenue		
	Tallahassee	32301	
		, Florida	
	(City)	(Zip code)	
aving been nam esignated in this other agree to co	(City) gent's acceptance: ed as registered agent and to accept ser application, I hereby accept the appoin	(Zip code)  (Zip code)  wice of process for the above stated corporation the interest of the complete performance to the proper and complete performance.	is capacity
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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

	ECTORS		
		#10 1 170 - 144	5
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oirector:	Somaraju Indukuri		
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Director"		<del></del>	
	ICERS Somaraju Indukuri 222 W. Las Colinas Blvd Suite 1650, Irving, Texas 75039		
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tensimen	Somaraju Indukuri		
ddress	222 W. Las Colinas Blvd Suite 1650, Irving, Texas 75039		
	If necessary, you may attach an addendum to the application listing additional officers and/o	r director	<b>5</b> .
he offic te true a	Signature of Director or Officer er or director signing this document (and who is listed in number 12 above) affirms that the said that he or she is aware that false information submitted in a document to the Department egree felony as provided for in \$,817.155, F.S.	facts state of State c	d herem enstitutes
	araju Indukuri, President		
	(Typed or printed name and capacity of person signing application)		

## Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF J. DELAWARE, DO HEREBY CERTIFY "12 IT SOLUTIONS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE: RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

4938398 8300

150620587

You may verify this certificate online at corp. delaware.gov/authver.shtml

AUTHENTYCATION: 2351598

DATE: 05-06-15