

P11000055956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900207986009

06/14/11--01015--005 \*\*78.75

FILED

2011 JUN 14 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SC  
6-15-11

**COVER LETTER**

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

**SUBJECT: Micronix Advanced Technologies, 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: Gregory Koutcharyan  
Name (Printed or typed)

1825 Ponce de Leon Blvd. #101  
Address

Coral Gables, Fl. 33134  
City, State & Zip

786 525-0996  
Daytime Telephone number

Micronixinc@aol.com  
E-mail address: (to be used for future annual report notification)

RECEIVED  
TALLAHASSEE  
JUN 14 2011

2011 JUN 14 PM 2:30

2011 JUN 14

**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 NAME Micronix Advanced Technologies, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 1825 Ponce de Leon Blvd. #101, Coral Gables, FL 33134
Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any and all Lawful Business

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Gregory Koutcharyan / P, Address: 1825 Ponce de Leon Blvd. #101, Coral Gables, FL 33134
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: Gregory Koutcharyan, Address: 1825 Ponce de Leon Blvd. #101, Coral Gables, FL 33134

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Gregory Koutcharyan, Address: 1825 Ponce de Leon Blvd. #101, Coral Gables, FL 33134

2011 JUN 14 PM 2:30
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE FL 32304

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

[Signature] Required Signature/Registered Agent, Date: 6/11/2011

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.

[Signature] Required Signature/Incorporator, Date: 6/11/2011