

PI 90000 31781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

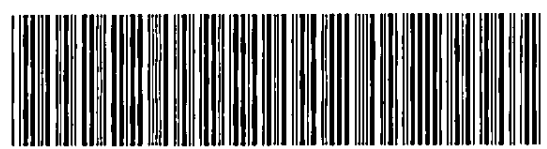
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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19 APR 15 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
19 APR 15 AM 10:46

PK

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 726643 7545742

AUTHORIZATION :

COST LIMIT : \$ 70.00



ORDER DATE : April 15, 2019

ORDER TIME : 3:24 PM

ORDER NO. : 726643-005

CUSTOMER NO: 7545742

DOMESTIC FILING

NAME: OPTI- TIME INC.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: OPTI- TIME 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

| | |
|--|---|
| <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: STEPHANIE MESSAS
Name (Printed or typed)

10 EAST 40TH STREET, SUITE 3310
Address

NEW YORK, NY 10016
City, State & Zip

212-67-87-1155
Daytime Telephone number

ITHIAM@NILSONLAW.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 NAME OPTI- TIME INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

| | |
|--|--|
| Principal <u>street</u> address GEOCONCEPT SAS 152/160 ARISTIDE BRIAND 92220, Bagneux, France | Mailing address, if different is: C/O Deborah A. Nilson & Associates 10 East 40th Street, Suite 3310 New York, NY 10016 |
|--|--|

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any lawful act or activity for which corporations may be organized
under the corporation laws of Florida

ARTICLE IV SHARES 2000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|---|---|
| Name and Title: PIERRE-ANTOINE TRICEN, Director Address: 1846 NW 141st Avenue Pembroke Pines, 33028 Florida | Name and Title: Eric LANZI, President Address: 152/160 avenue Aristide Briand 92220 BAGNEUX, France |
| Name and Title: Eric LANZI, Treasurer Address: 152/160 avenue Aristide Briand 92220 BAGNEUX, France | Name and Title: Marc BANNELIER, Secretary Address: 152/160 avenue Aristide Briand 92220 BAGNEUX, France |
| Name and Title: _____ Address: _____ | Name and Title: _____ Address: _____ |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Corporation Service Company
 Address: 1201 Hays Street
 Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

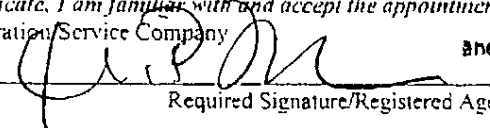
Name: STEPHANIE MESSAS
 Address: 10 EAST 40TH STREET, SUITE 3310
 NEW YORK, NY 10016

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

Corporation/Service Company _____ anet Gudhu, Asst. Vice President
 By:  _____
 Required Signature/Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.153, F.S.

 _____
 Required Signature/Incorporator

4/15/19
 19 APR 15 2019
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
 4/15/2019
 FILED
 AM NO: 46