

P210000 82240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

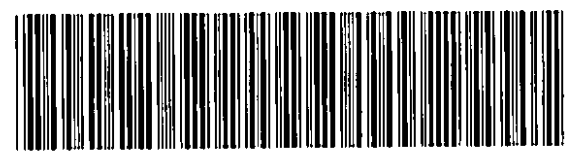
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

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SECRETARY OF STATE
TALLAHASSEE, FL

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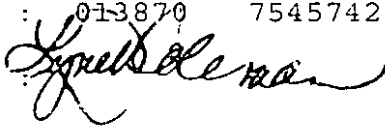
SECRETARY OF STATE
TALLAHASSEE, FL

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

ACCOUNT NO. : I20000000195

REFERENCE : 013870 7545742

AUTHORIZATION



COST LIMIT : \$ 70.00

ORDER DATE : September 17, 2021

ORDER TIME : 2:04 PM

ORDER NO. : 013870-005

CUSTOMER NO: 7545742

DOMESTIC FILING

NAME: EQUI-GO CORP.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

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: Équi-Go Corp.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>468 Desjardins Sud</u> <u>Granby, Québec J2G 7K7</u> <u>Canada</u>	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Jean-Francois Claveau, Pres. and Dir.</u> Address: <u>1908 Chemin de Roxton</u> <u>Saint-Valérien-de-Milton, QC J0H 2B0</u> <u>Canada</u>	Name and Title: _____ Address: _____ _____ _____
Name and Title: <u>Yann Tremblay, Treasurer and Dir.</u> Address: <u>468 Desjardins Sud</u> <u>Granby, Québec J2G 7K7</u> <u>Canada</u>	Name and Title: _____ Address: _____ _____ _____
Name and Title: <u>Emily Ayoob, Secretary</u> Address: <u>10 East 40th Street, Suite 3310</u> <u>New York, NY 10016</u>	Name and Title: _____ Address: _____ _____ _____

SECRETARY OF STATE
TALLAHASSEE, FL
2PM SEP 17 AM 10:39

FILED

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: Caitlin Delaney

Address: 10 East 40th Street, Suite 3310

New York, NY 10016

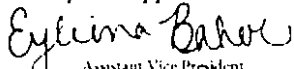
ARTICLE VIII EFFECTIVE DATE:

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



Assistant Vice President
Required Signature/Registered Agent
09/17/2021

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.



Required Signature/Incorporator
September 17, 2021

Date