

OFFICE USE ONLY Document #

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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. English Translation (Corporation Name) 20000150/500 (Document #)
2. Amianta Scientific, Inc. (Corporation Name) 05/30/95 01060015 (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 16, 1995

SOCIETAS ANTIQUITATUM, INC
481 MEADOWOOD BLVD.
FERN PARK, FL 32730

We have received your document for SOCIETAS ANTIQUITATUM, INC. .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

The document must include original signatures.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(904) 487-6878.

Terri Buckley
Corporate Specialist

Letter Number: 495A00029656

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopts(s) the following Articles of Incorporation:

ARTICLE I

Name

The name of the corporation shall be:

Societas Antiquitatum, Inc.

ARTICLE II

Principal place of business and mailing address

The principal place of business and mailing address of this corporation shall be:

Mailing Address (For the State) *481 Meadowood Blvd
Fern Park, FL 32730-2942*

Business Address *P.O. Box 783
Winter Park FL 32790-0783*

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

The publication of an educational periodical pertaining to history from the dawn of recorded history to AD 476 for the members of the Societas Antiquitatum, Inc.

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

As stated in the Bylaws.

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

Jacqueline A. Bartholomew
481 Meadowood Blvd.
Fern Park, FL 32730

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

Sean Alexander Gentry, Pres.
31420 Wekiva River Rd.
Sorrento, FL 32776

Jacqueline A. Bartholomew, Sec.
481 Meadowood Blvd.
Fern Park, FL 32730

The undersigned incorporator has executed these Articles of Incorporation this 1st day of May, 19 95.

Signature of Incorporator:

Sean Alexander Gentry

Sean Alexander Gentry

Typed name of incorporator signing

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

Societas Antiquitatum, Inc.
(must include suffix)

2. The name and address of the registered agent and office is:

Jacqueline A. Bartholomew, Sec.
(NAME)

481 Meadowood Blvd.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Fern Park FL 32730
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jacqueline A. Bartholomew
(SIGNATURE)

May 1, 1995
(DATE)