

PO7000115519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

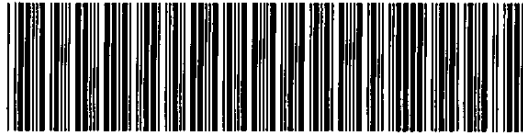
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Certified Copies _____

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07 OCT 19 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
10/22

COVER LETTER

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

SUBJECT: ICIS-US, 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: Natalia Warren

Name (Printed or typed)

5444 Shingle Creek Drive

Address

Orlando, FL 32821

City, State & Zip

407-354-3308

Daytime Telephone number

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

The name of the corporation shall be:

ICIS-US, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5950 Lakehurst Drive, Suite 206
Orlando, FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any and all lawful business for which corporations may be organized under the laws of the State of Florida, and to have all powers which are afforded to corporations under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Dear Armitage, 5950 Lakehurst Drive, Orlando FL 32819	Title: Director
Tadanao Izumi, 5950 Lakehurst Drive, Orlando FL 32819	Title: Director
M. Morita, 5950 Lakehurst Drive, Orlando FL 32819	Title: Director
Akira Sato, 5950 Lakehurst Drive, Orlando FL 32819	Title: Director
Natalia Warren, 5950 Lakehurst Drive, Orlando FL 32819	Title: Director

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Natalia Warren
5444 Shingle Creek Drive
Orlando, FL 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Natalia Warren
5444 Shingle Creek Drive
Orlando, FL 32819

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/Registered Agent



Signature/Incorporator

10/17/07

Date

10/17/07

Date