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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Fax Number : (850)617-6381

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
VISION SYSTEMS NORTH AMERICA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$70.00

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COVER LETTER

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

SUBJECT: Vision Systems North America, 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: Lauren J. Licata, CLA/FRP
Name (Printed or typed)

GrayRobinson, P. A., 1221 Brickell Avenue - Suite 1600
Address

Miami, FL 33131
City, State & Zip

305-416-6880 ext. 4386
Daytime Telephone number

crobin@visionsystems.fr
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: Vision Systems North America, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
c/o GrayRobinson, P.A.
Attn.: Milton A. Vescovacci
1221 Brickell Avenue - Suite 1600, Miami, FL 33131

Mailing address, if different is:
c/o GrayRobinson, P.A.
Attn.: Milton A. Vescovacci
1221 Brickell Avenue - Suite 1600, Miami, FL 33131

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: for all lawful purposes.

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ARTICLE IV SHARES
The number of shares of stock is: 1,000 common stock, no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Catherine Robin, President
Address: 5 Chemin de Chiradie
ZI - 69530 Brignais
France

Name and Title: Cyrille Laitier, Secretary & Treasurer
Address: 5 Chemin de Chiradie
ZI - 69530 Brignais
France

Name and Title: Catherine Robin, Director
Address: 5 Chemin de Chiradie
ZI - 69530 Brignais
France

Name and Title: Carl Putman, Director
Address: 5 Chemin de Chiradie
ZI - 69530 Brignais
France

Name and Title:
Address:

Name and Title:
Address:

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(cont'd)

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: NRAI Services, Inc.

Address: 515 East Park Avenue

Tallahassee, Florida 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Catherine Robin

Address: 5 Chemin de Chiradie

ZI - 69530 Brignais, France

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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

Michele Holden 01/24/13

Required Signature/Registered Agent Date

Michele Holden, Assistant Secretary

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.

C Robin 1/23/13

Required Signature/Incorporator Date