

PI4000017832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

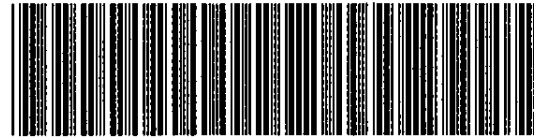
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB 24 PM 1:46

2-27-14

## COVER LETTER

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

**SUBJECT:** Eonian Technology 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      ☒ \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Christophe Schmitt  
Name (Printed or typed)  
377 Maitland Ave., Suite 2008  
Address  
Altamonte Springs, FL 32701  
City, State & Zip  
407-416-4470  
Daytime Telephone number  
C.Schmitt@eoniantechonology.com  
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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DIVISION OF CORPORATIONS  
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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: Eonian Technology Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

377 Maitland Ave, Suite 2008

Altamonte Springs, FL 32701

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Provide programming services for internet service companies.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Christophe Schmitt, President Name and Title: \_\_\_\_\_

Address: 377 Maitland Ave, Suite 2008 Address: \_\_\_\_\_

Altamonte Springs, FL 32701 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(cont.)

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: John Borzymowski  
Address: 333 Inglenook Circle  
Winter Springs, FL 32708

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ray Landry  
Address: 425 Thomez Court  
Lake Mary, FL 32746

*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*

John Borzymowski  
Required Signature/Registered Agent

2-19-14  
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.*

Ray Landry  
Required Signature/Incorporator

2/19/14  
Date