



**COVER LETTER**

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

**SUBJECT: Microtech Assist 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: Hradyendra Om Sharma**

Name (Printed or typed)

**1994 Placid Lakes Blvd.**

Address

**Lake Placid, FL - 33852**

City, State & Zip

**754-422-8486**

Daytime Telephone number

**hosharma@hotmail.com**

E-mail address: (to be used for future annual report notification)

**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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 28 AM 9:33

**ARTICLE I NAME**  
The name of the corporation shall be: Microtech Assist Inc

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address Mailing address, if different is:  
1994 Placid Lakes Blvd.  
Lake Placid FL - 33852

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: The Corporation is Organized for the purpose of engaging in any or business permitted under the low of United States and State of Florida.

**ARTICLE IV SHARES** 100 share of common stock with par of \$10.00 for each share.  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title:	<u>Hradyendra Om Sharma (PD)</u>	Name and Title:	_____
Address	<u>1994 Placid Lakes Blvd.</u> <u>Lake Placid FL - 33852</u>	Address:	_____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____	Address:	_____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____	Address:	_____ _____

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:

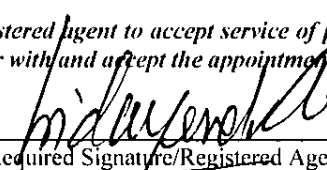
Name: Hradyendra Om Sharma (PD)  
 Address: 1994 Placid Lakes Blvd.  
Lake Placid FL - 33852

**ARTICLE VII INCORPORATOR**

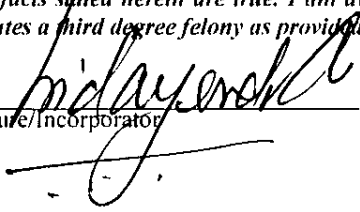
The **name and address** of the Incorporator is:

Name: Hradyendra Om Sharma (PD)  
 Address: 1994 Placid Lakes Blvd.  
Lake Placid FL - 33852

*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*

 03/25/2014  
 Required Signature/Registered Agent 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.*

 03/25/2014  
 Required Signature/Incorporator Date