

PH000028937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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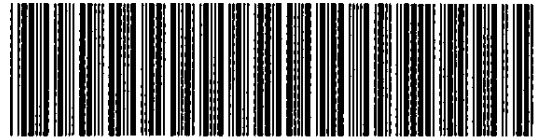
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECURITY OF STATE  
TALLAHASSEE, FLORIDA

MD 4/1

## COVER LETTER

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

SYNTHES'3D USA INC.

**SUBJECT:** \_\_\_\_\_  
(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**

Guillaume Viallaneix  
**FROM:** \_\_\_\_\_  
Name (Printed or typed)  
555 Winderley Place, Suite 300  
\_\_\_\_\_  
Address  
Maitland, FL 32751  
\_\_\_\_\_  
City, State & Zip  
321-946-1303  
\_\_\_\_\_  
Daytime Telephone number  
guillaume.viallaneix@synthes3d-group.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)

**ARTICLE I    NAME**        SYNTHES'3D USA INC.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

555 Winderley Place, Suite 300

Maitland, FL 32751

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
to sell products and services as a Digital Studio.

**ARTICLE IV    SHARES**    1000

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Guillaume Viallaneix CEO        Name and Title: \_\_\_\_\_

Address        555 Winderley Place        Address: \_\_\_\_\_

Suite 300        \_\_\_\_\_

Maitland, FL 32751        \_\_\_\_\_

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

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

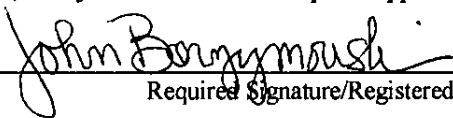
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**ARTICLE VII INCORPORATOR**

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

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

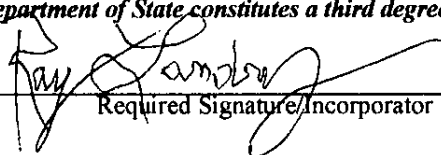
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

3/28/14  
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.*



Required Signature/Incorporator

3/28/14  
Date