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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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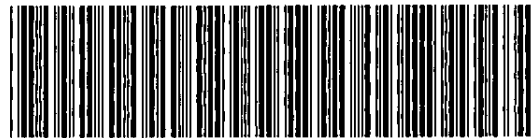
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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DIVISION OF CORPORATIONS

**COVER LETTER**

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

**SUBJECT:** ArionTechGroup, 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:** Young O. Larsen

Name (Printed or typed)

1 Palmetto Drive

Address

Crawfordville, FL 32327

City, State & Zip

8504431394

Daytime Telephone number

ariontechgroup@gmail.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**

The name of the corporation shall be: ArionTechGroup, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

Larsen

Same

1 Palmetto Drive

Crawfordville, FL 32327

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide system architect and engineering services

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Young O. (Julia) Larsen, President

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

Address

1 Palmetto Drive

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

Crawfordville, FL 32327

Name and Title:

Evan H. Larsen, VP

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

Address

300 S. Duval Street, #1904

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

Tallahassee, FL 32301

Name and Title:

Thomas H. Vanderhoof, VP

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

Address

2801 Kilkierane Drive

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

Tallahassee, FL 32309

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

(conti.)

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: Young O. Larsen  
Address: 1 Palmetto Dr.  
Crawfordville, FL 32327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Young O. (Julia) Larsen  
Address: 1 Palmetto Dr  
Crawfordville, FL 32327

*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

11/6/2014  
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

11/6/2014  
Date

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AND  
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CLERK OF STATE  
TALLAHASSEE FLORIDA