

From:

Division of Corporations

03/30/2015 07:54

#054 P.001/003

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

**\*\*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  
STS USA INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
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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: **STS USA INC**

#### ARTICLE II PRINCIPAL OFFICE

Principal street address

**3145 NE 9th ST.**

**FT. LAUDERDALE, FL 33304**

Mailing address, if different is:

**1868 NIAGARA FALLS BLVD STE 205**

**TONAWANDA, NY 14150**

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **to engage in any lawful act or activity for which corporations may be organized.**

#### ARTICLE IV SHARES

The number of shares of stock is: **200**

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

Name and Title: **MARCO CERITELLI-DIRECTOR**

Address: **3145 NE 9th ST.**

**FT. LAUDERDALE, FL 33304**

Name and Title: **Timothy M Nicolotti** <sup>VP</sup>

Address: **3145 NE 9th ST**

**St. Lauderdale FL**

**33304**

Name and Title: **Stefano Alcantara** <sup>VP</sup>

Address: **3145 NE 9th ST**

**St. Lauderdale FL**

**33304**

Name and Title: **Bror Wensjoe** <sup>VP</sup>

Address: **3145 NE 9th ST**

**St. Lauderdale FL**

**33304**

Name and Title:

Address:

Name and Title:

Address:

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(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: MARCO CERITELLI  
Address: 3145 NE 9th ST.  
FT. LAUDERDALE, FL 33304

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARCO CERITELLI  
Address: 3145 NE 9th ST.  
FT. LAUDERDALE, FL 33304

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.

Marco Ceritelli  
Required Signature/Registered Agent

3/27/15  
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.

Marco Ceritelli  
Required Signature/Incorporator

3/27/15  
Date

FT. LAUDERDALE, FL 33304