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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 : CORPORATE CREATIONS INTERNATIONAL
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****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

Accuware Inc.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 19 AM 9:42

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: ACCUWARE INC.

ARTICLE II PRINCIPAL OFFICE
Principal office address:
235 Lincoln Road, Suite 308
Miami Beach, FL 33139

Mailing address, if different is:
235 Lincoln Road, Suite 308
Miami Beach, FL 33139

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Software Development

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Cyril Hourl</u>	Name and Title:	<u>President</u>
Address:	<u>235 Lincoln Road, Suite 308</u>	Address:	<u>235 Lincoln Road, Suite 308</u>
	<u>Miami Beach, FL 33139</u>		<u>Miami Beach, FL 33139</u>

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

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

15 MAY 19 AM 9:42

(cont.)
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:

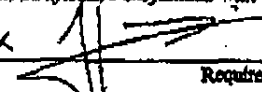
Name: Cyril Hourl
Address: 235 Lincoln Road, Suite 306
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cyril Hourl
Address: 235 Lincoln Road, Suite 306
Miami Beach, FL 33139

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

X 

Required Signature/Registered Agent

5/18/2015

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.

X 

Required Signature/Incorporator

5/18/2015

Date