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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 OCT 26 PM 12:48

10/30/15

## COVER LETTER

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

**SUBJECT:** EonianVR Studio, 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: John Borzymowski  
\_\_\_\_\_  
Name (Printed or typed)  
999 Douglas Ave, Suite 3333  
\_\_\_\_\_  
Address  
Altamonte Springs, FL 32714  
\_\_\_\_\_  
City, State & Zip  
321-444-7278  
\_\_\_\_\_  
Daytime Telephone number  
john@eoniantechnology.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** EonianVR Studio, Inc.

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

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

999 Douglas Ave, Suite 3333

Altamonte Springs, FL 32714

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To provide private concert entertainment though virtual reality applications.

**ARTICLE IV SHARES** 100 Million

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

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

Name and Title: Christophe Schmitt - President

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

Address 999 Douglas Ave, Suite 3333

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

Altamonte Springs, FL 32714

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

(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: John Borzymowski  
Address: 333 Inglenook Cir  
Winter Springs, FL 32708

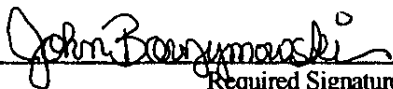
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**ARTICLE VII INCORPORATOR**

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

10/21/2015

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.*



Required Signature/Incorporator

10/21/2015

Date