Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000128493 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: CORP USA

Account Number : 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

**Enter the email address for this business entity to be used for factore annual report mailings. Enter only one email address please.*

FLORIDA PROFIT/NON PROFIT CORPORATION NPA TECHNOLOGIES INC.

peare the day for

PAGE 01/05

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

CORP USA

MAY 2 6 2016

5/24/2016 Zp:91 910Z/9Z/90

9696889998

850-617-6381



May 25, 2816

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CORP USA

SUBJECT: NPA TECHNOLOGIES INC.

REF: W16000038343

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call $(850)\ 245-6052$.

Claretha Golden Regulatory Specialist II New Filing Section FAX Aud. #: H16000128493 Letter Number: 516A00011051

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

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

SUBJECT: NPA TE	CHNOLOGIES INC.			
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	& Certified Copy	& Certificate of Status	
		ADDITIONAL CO	DPY REQUIRED	
FROM:	UNO SARTORI CPA	e (Printed or typed)		
255	OCEANIC AVENUE			
Address				
LA	UDERDALE BY THE SEA, FLORI	DA 33308		
	City, State & Zip			
954	-309-110 9			
	Daytime T	elephone number	-	
ŞAI	RTORI@SARTORIUSA.COM			
	E-mail address: (to be use	d for future annual report	notification)	

02\52\5010 10:45 302033808

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)

		en.
	ARTICLES OF INCOI	
TICLE I NAM name of the corpo	E NPA TECHNOLOGIES INC.	
	VCIPAL OFFICE Principal street address	Mailing address, if different is: 255 OCEANIC AVENUE
ITE 472		LAUDERDALE BY THE SEA, FL 33308
AMI, FL 33126		
TICLE III PUR purpose for which E UNITED STAT	POSE to the corporation is organized is:TO ENGAGE	E IN ANY ACTIVITY LAWFULLY PERMITTED IN
	,	
TICLE V INIT	of stock is:	
Name and Ti	tle: BRUNO SARTORI (D,P,S)	Name and Title:
Address		Address:
	LAUDERDALE BY THE SEA, FL 33308	
Name and Tit	le:	Name and Title:
Address		Address:
Name and Tit	le:	Name and Title:
Address		Address:

02/52/5016 16:42 9696689908

Name an	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT	
The name and F	lorida street address (P.O. Box NOT acceptable) of BRUNO SARTORI	the registered agent is:
Address:	255 OCEANIC AVENUE	
Audiess.	LAUDERDALE BY THE SEA, FL 33308	•
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	
Name:	BRUNO SARTORI	
Address:	255 OCEANIC AVENUE	_
	LAUDERDALE BY THE SEA, FL 33308	•
Effective date, if		. (OPTIONAL) t be more than five business days prior or 90 business
	inserted in this block does not meet the applicable ffective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been this certifical	wonted as regimered upont to accept service of processes, it am familiar wide and accept disjuppointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
	km 14 &	5/23/2016
	Acquired Signature Voge tered Age of	Date
L submit this document to	ducasitent and <u>affice tha</u> t the facts stated herein are the Department of Spire emplitures a thirt degree feto	true I am aware that the false information submitted in a approximation for in $s,817.155$, F.S.
	Day lint	5/23/2016
K	edniven gibus in agina	Date

02\52\5016 16:42 302633696