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.

(((H16000226757 3)))



H160002287573ABC3

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 : VCORP SERVICES, LLC

Account Number : 120080000067 : (845)425-0077 Phone

: (845)818-3588 Fax Number

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

P			
*			
Ema1l	Address:	 	

## FLORIDA PROFIT/NON PROFIT CORPORATION

E.L.T. Technologies Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 1 4 2015

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

TICLE II PRIN	<u>CIPAL OFFICE</u>			
	Principal street address	Mailing address, if different is: 33 Caffrey Avenue		
thpage, NY 11714		Bethpage, NY 11714		
inpugo, iti 11714				
TCIFII DIDI	OSE the corporation is organized is:	es		
		-		
	· · · · · · · · · · · · · · · · · · ·			
e number of shares o	f stock is:  AL OFFICERS AND/OR DIRECTORS		SEP	
	f stock is:  AL OFFICERS AND/OR DIRECTORS  Bernard J. Perini, President		SEP 13	
e number of shares o	f stock is:  AL OFFICERS AND/OR DIRECTORS	_ Name and Title:	SEP 13 AM	
e number of shares of ETICLE V INIT Name and Tit	AL OFFICERS AND/OR DIRECTORS  Bernard J. Perini, President	Name and Title:	SEP 13 AH 10:	
e number of shares of STICLE V INITI Name and Tit Address	AL OFFICERS AND/OR DIRECTORS Bernard J. Perini, President 33 Caffrey Avenue Bethpage, NY 11714	Name and Title: Address:	SEP 13 AM ID: 28	
e number of shares of STICLE V INITAL Name and Title Address  Name and Title Name	AL OFFICERS AND/OR DIRECTORS Bernard J. Perini, President 33 Caffrey Avenue	Name and Title: Address:	SEP 13 AM ID: 28	
e number of shares of STICLE V INITI Name and Tit Address	AL OFFICERS AND/OR DIRECTORS Bernard J. Perini, President 33 Caffrey Avenue Bethpage, NY 11714	Name and Title: Address:	228	
e number of shares of STICLE V INITAL Name and Title Address  Name and Title Name	AL OFFICERS AND/OR DIRECTORS Bernard J. Perini, President 33 Caffrey Avenue Bethpage, NY 11714	Name and Title: Address:	SEP 13 AM ID: 28	
e number of shares of STICLE V INITAL Name and Tite Address  Name and Tite Address	AL OFFICERS AND/OR DIRECTORS Bernard J. Perini, President 33 Caffrey Avenue Bethpage, NY 11714	Name and Title:  Address:  Name and Title:  Address:	SEP 13 AM ID: 28	

Name and Title:		Name and Title:		
Addres	ış	Address:		
	·			
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	Vcorp Services, LLC			
Address:	5011 South State Road 7, Suite 106	-		
Addiess.	Davie, FL 33314	<del>-</del>		
ARTICLE VII	INCORPORATOR			
The name and a	iddress of the Incorporator is:			
Name:	Laura Curtin			
Address:	25 Robert Pitt Drive, Suite 204	_		
	Monsey, NY 10952	_		
	EFFECTIVE DATE:			
(If an effective	date is listed, the date must be specific and cann	(OPTIONAL) of he more than five business days prior or 90 business		
days after the f				
	e inserted in this block does not meet the applicable offective date on the Department of State's records.	statutory filing requirements, this date will not be listed as		
	med as registered agent to accept service of process am familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity		
	la Mal	09/12/2016		
	Required Signature-Registered Agent-	Date		
	cument and affirm that the facts stated herein are Degartment of Style constitutes a third degree felot	true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.		
-	//	09/12/2016		
1700				