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(Business Entity Name)

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16 OCT -4 AM 10:50

COVER LETTER

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

SUBJECT: SOPRAS SUB USA CORP
(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 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☒ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: DELSONIR T. MARTINELLO
Name (Printed or typed)

455 S. FEDERAL HWY
Address

DEERFIELD BCH, FL 33441
City, State & Zip

954-420 0009
Daytime Telephone number

PAVAN@DIXIEDIVERS.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
The name of the corporation shall be: SOPRAS SUB USA CORP

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
455 S. FEDERAL HWY
DEERFIELD BCH, FL 33441

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized: RETAIL / WHOLESALE OF DIVING, SCUBA GEAR.

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ARTICLE IV SHARES
The number of shares of stock is: 100 (One Hundred Shares)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DELSONIR T. MARTINELLO - president.
Address 43 SE 7TH AVE
DEERFIELD BCH, FL
33441.

Name and Title: N/A.
Address: N/A.

Name and Title: ARILTON PAVAN - Vice President.
Address 43 SE 7 AVE
DEERFIELD BCH, FL
33441

Name and Title: N/A
Address: N/A

Name and Title: N/A
Address N/A

Name and Title: N/A
Address: N/A

Name and Title: _____ Name and Title: _____

Address N/A Address: N/A.

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: DELSONIR T. MARTINELLO.

Address: 43 SG 7 AVE

DEERFIELD BCH, FL 33441

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DELSONIR T. MARTINELLO

Address: 43 SG 7 AVE.

DEERFIELD BCH, FL 33441

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/01/16 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

N/A N/A.

Required Signature/Registered Agent 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.

Delsonir T. Martinello /DELSONIR T MARTINELLO 9/29/16

Required Signature/Incorporator Date