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(Requestor's Name)

(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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OCT 27 2016

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2016 OCT 25 PM 3:36

COVER LETTER

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

SUBJECT: Central Semiconductor 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: Kim Scharf, CPA
Name (Printed or typed)

1650 Route 112
Address

Port Jefferson Station, NY 11776
City, State & Zip

631-473-3400
Daytime Telephone number

kms@cdllp.net
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: Central Semiconductor Corp.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
145 Adams Avenue	
Hauppauge, NY 11788	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for any and all business.

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Susan M. Ryan, President	Name and Title:	Thomas E. Radgowski, Vice President
Address	30 Roundabout Road Smithtown, NY 11787	Address:	11 Bob-O-Link Lane Northport, NY 11768
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

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: James E. Danowski, CPA

Address: 14551 Bellino Terrace, Unit 102

Bonita Springs, FL 34135

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ARTICLE VII INCORPORATOR

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

Name: Kim Scharf, CPA

Address: 1650 Route 112

Port Jefferson Station, NY 11776

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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

_____ 10/7/2016

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.

Kim Scharf CPA 10/7/2016

Required Signature/Incorporator Date