

P 16000099564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

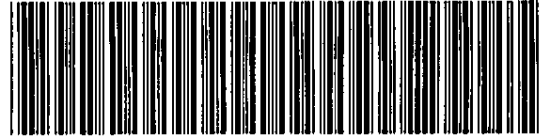
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800292969128

FILED

2016 DEC 16 PM 4: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

16 DEC 16

11:14:52

SUB-REGISTRAR OF RECORDS

C. GOLDEN

DEC 19 2016

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 426260 4308922

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : December 16, 2016

ORDER TIME : 3:31 PM

ORDER NO. : 426260-005

CUSTOMER NO: 4308922

DOMESTIC FILING

NAME: MICROLAMP 2017 INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: _____

FILED
2016 DEC 16 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Microlamp 2017 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: Christopher Leff, Esq.
Name (Printed or typed)
One Church Street/P.O. Box 1307
Address
Burlington, Vermont 050402-1307
City, State & Zip
802-658-2311
Daytime Telephone number
cleff@pfclaw.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC 16 PM 4:29

FILED

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

FILED

2016 DEC 16 PM 4:29

ARTICLE I NAME
The name of the corporation shall be: Microlamp 2017 Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

501 Querbes Avenue
Outremont, QC H2V 3W4 Canada

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: any and all lawful business.

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rachel Werzberger, President and Director

Name and Title: Abraham Schnitzler, Secretary

Address: 501 Querbes Avenue
Outremont, QC H2V 3W4 Canada

Address: 501 Querbes Avenue
Outremont, QC H2V 3W4 Canada

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, Florida 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christopher Leff, Esq.
Address: One Church Street/P.O. Box 1307
Burlington, Vermont 05402-1307

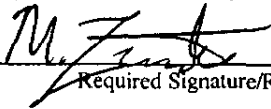
ARTICLE VIII EFFECTIVE DATE:

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

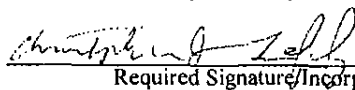
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 _____ Melissa Zender 12/16/2016
Required Signature/Registered Agent Asst. Vice President 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.

 _____ 12/16/2016
Required Signature/Incorporator Date

FILED
2016 DEC 16 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA