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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

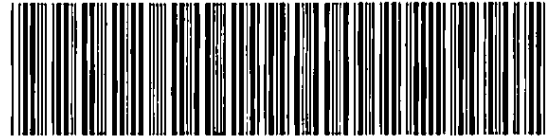
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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 982447 8170638

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : December 27, 2017

ORDER TIME : 12:28 PM

ORDER NO. : 982447-005

CUSTOMER NO: 8170638

DOMESTIC FILING

NAME: BLINQ TECHNOLOGIES INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Catherine Leach - EXT. 62052

EXAMINER'S INITIALS: \_\_\_\_\_

DEC 27 2017  
CORPORATION SERVICE COMPANY

## COVER LETTER

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

**SUBJECT:** Blinq Technologies 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:** Blinq Technologies Inc

Name (Printed or typed)

2301 Collins Ave. #407

Address

Miami Beach, Florida, 33139

City, State & Zip

786-780-9355

Daytime Telephone number

davem@blinqblinq.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: Bling Technologies Inc

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2301 Collins Ave. #407

Miami Beach, Florida. 33139

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sale and Distribution of Wearable Technology

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Sigal -President

Name and Title: David Mamane - CEO

Address 10 Radisson Rd.  
Dollard Des Ormeaux Quebec  
H9A 3K6,  
Canada

Address: 3430 Rue Peel # 8D  
Montreal, Quebec  
H3A-3K8, Canada

Name and Title: Farrel Miller - Director

Name and Title: \_\_\_\_\_

Address 636 Clarke  
Westmount, Quebec  
H3Y 3E4, Canada

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, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

**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*

Corporation Service Company  
By: Roxanne Turner  
Required Signature/Registered Agent

Roxanne Turner  
Asst. Vice President  
Date 12/27/17

*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.*

Roxanne Turner  
Required Signature/Incorporator

Roxanne Turner  
Asst. Vice President  
Date 12/27/17