

01/22/2018

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(FAX) 845 818 3588

P.001/003

1/22/2018

# P18 000 000 7009

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

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

Email Address: \_\_\_\_\_

## FLORIDA PROFIT/NON PROFIT CORPORATION

**Turbo Med USA Inc.**

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

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Corporate Filing Menu

Help

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01/22/2018 14:28

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P.002/003

Jan 22 18:02:48p

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516-433-3868

p.2

# 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: Turbo Med USA Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5011 South State Road 7, Suite 106

220 East Hook Rd.

Davie, FL 33314

Hopewell Junction, NY 12533

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Turbocharger services

## ARTICLE IV SHARES

The number of shares of stock is: 1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nick Melintanas, CEO

Name and Title: Bernard J. Perini, VP

Address: 2763 Jarvis Circle  
Palm Harbor, FL 34683

Address: 33 Caffrey Ave  
Bethpage, NY 11714

Name and Title: Nick Melintanas, Treasurer

Name and Title: Bernard J. Perini, Secretary

Address: 2763 Jarvis Circle  
Palm Harbor, FL 34683

Address: 33 Caffrey Ave  
Bethpage, NY 11714

Name and Title: Nick Melintanas, President

Name and Title:

Address: 2763 Jarvis Circle  
Palm Harbor, FL 34683

Address:

01/22/2018 14:28

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P.003/003

Jan 22 18 02:48p

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p.3

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: Vcorp Services, LLC  
Address: 5011 South State Road 7, Suite 106  
Davie, FL 33314

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

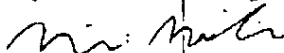
Name: Bernard J. Perini  
Address: 33 Caffrey Ave.  
Bethpage, NY 11714

**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*



Required Signature/Registered Agent

1/22/2018

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.*



Required Signature/Incorporator

1/22/2018

Date