

PI9000031781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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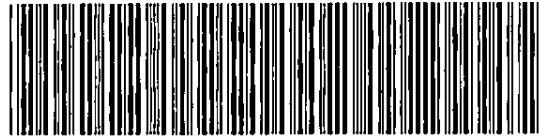
(Business Entity Name)

(Document Number)

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19 APR 15 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PK

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

ACCOUNT NO. : I20000000195

REFERENCE : 726643 7545742

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : April 15, 2019

ORDER TIME : 3:24 PM

ORDER NO. : 726643-005

CUSTOMER NO: 7545742

DOMESTIC FILING

NAME: OPTI- TIME INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: OPTI- TIME 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: STEPHANIE MESSAS

Name (Printed or typed)

10 EAST 40TH STREET, SUITE 3310

Address

NEW YORK, NY 10016

City, State & Zip

212-67-87-1155

Daytime Telephone number

ITHIAM@NILSONLAW.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: OPTI- TIME INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
GEOCONCEPT SAS

152/160 ARISTIDE BRIAND

92220, Bagneux, France

Mailing address, if different is:
C/O Deborah A. Nilson & Associates

10 East 40th Street, Suite 3310

New York, NY 10016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful act or activity for which corporations may be organized
under the corporation laws of Florida

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PIERRE-ANTOINE TRICEN, Director

Address: 1846 NW 141st Avenue

Pembroke Pines, 33028 Florida

Name and Title: Eric LANZI, President

Address: 152/160 avenue Aristide Briand

92220 BAGNEUX, France

Name and Title: Eric LANZI, Treasurer

Address: 152/160 avenue Aristide Briand

92220 BAGNEUX, France

Name and Title: Marc BANNELIER, Secretary

Address: 152/160 avenue Aristide Briand

92220 BAGNEUX, France

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

19 APR 15 AM 10:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

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: STEPHANIE MESSAS

Address: 10 EAST 40TH STREET, SUITE 3310

NEW YORK, NY 10016

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

anet Gudhu, Asst. Vice President

By: _____
Required Signature/Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.153, F.S.

Required Signature/Incorporator

4/15/19
19 APR 15 2019
FILED
AM 10:46
4/15/2019
DEPT. OF STATE
TALLAHASSEE, FL 32301