

P19000082988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

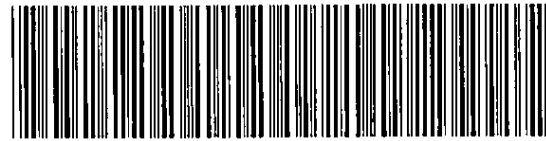
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 NOV -6 AM 11:13

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Granoble

Sonsate Research
Requester's Name

Address

City/State/Zip

656-5454
Phone #

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Weld Italy Corporation
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☒ Photocopy

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

- ☒ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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: WELD ITALY CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address
c/o DeGaetano & Carr LLP

80 Business Park Drive, Suite 100

Armonk, New York 10504

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Marketing, sales and distribution of welding machines and materials,
and for any and all other legal and/or permissible purposes

ARTICLE IV SHARES

The number of shares of stock is: Two Hundred (200), No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alessandro Campinoti, President & Director

Address Via Mazzini 224 Forte dei Marmi 55042
Lucca, Italy

Name and Title: William De Rosa, Secretary/Treasurer & Director

Address: Via Barone 4 8022 Arzano
Napoli, Italy

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF DISTRICT COURT
NORTH DAKOTA

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: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324.

ARTICLE VII INCORPORATOR

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

Name: Fred Larison
Address: 307 Hamilton Street
Albany, New York 12210


ARTICLE VIII EFFECTIVE DATE:

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

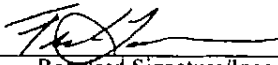
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

NRAI Services, Inc.
By: Fred Larison, Asst. Secretary  11/5/19
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.

 11/5/19
Required Signature/Incorporator Date