P200000 77758

(Requestor's Name)
(Address)
,
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C RICO 0CT 0 7 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassec, Florida 32312
(850) 656-4724

DATE _ 10/7/202	20	
	**	WALK IN**
ENTITY NAME_	S.P.S. USA INC	
DOCUMENT NU	IMBER	
	PLEASE FILE THE ATTACHED AND RETURN	
	Plain Copy	
XxxX	Certified Copy	
	Certificate of Status	
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Cartified Copy of Arts & Amendments	-
	Certified Copy of Arts & Ameniments Complete File (Including Annual Reports)	
	Certificate of Status	
	Certificate of Status Reflecting:	-
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DES	STINATION	
NUMBER OF CERT	TIFICATES REQUESTED	
TOTAL OWED \$_	ACCOUNT # 120140000108 // United Corporate Services, Inc. a at the above number for any issues or concerns. Thank you so much!	1 mail
Please call Tina	a at the above number for any issues or concerns. Thank you so much!	10

COVER LETTER

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

	S. USA INC				
3003501	(PROPOSED CORPOR	ATÉ NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an o	original and one (1) copy of the ar	ticles of incorporation and	d a check for:		
	0 □ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certified Copy & Certificate o Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Dolores Burton c/o United Corporate S Nam	e (Printed or typed)			
·	100 State Street, Suite 800				
_	Address				
;	Albany, NY 12207				
-	City, State & Zip				
}	8778949049				
_	Daytime 1	Telephone number			
Ċ	Gaia@exportusa.us				
	E-mail address: (to be use	d for future annual report r	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)

TICLE I NA: e name of the corp	oration shall be: S.P.S. USA INC			
	NCIPAL OFFICE		<u>C.</u>	-
00 South Dadelan	Principal <u>street</u> address d BlvdSuite 508	Mailing add	Iress, if different iss	
ami, FL 33156				
	•			
TICLE HI PUF	<u>IPOSE</u> To er	some in any lawful act or activity on	anital bulan	
purpose for which	th the corporation is organized is:	-5-55 disady north activity pe	minded by law.	
				
				_
				_
FICLE IV SHA number of shares	RES 200 Common NPV of stock is:			_
number of shares	<u>RES</u> of stock is: TAL OFFICERS AND/OR DIRECTOR	<u>.s</u>		_
number of shares TCLE V LNII	RES of stock is: LAI. OFFICERS AND/OR DIRECTOR tle: Via Vitagio Veneto 42	Name and Title:		
number of shares TCLE_VLNII Name and Ti	RES of stock is: LAI. OFFICERS AND/OR DIRECTOR tle: Via Vitagio Veneto 42	<u>.s</u>		
number of shares TCLE_VLNII Name and Ti	RES of stock is: PLAI. OFFICERS AND/OR DIRECTOR tle: Via Vittorio Veneto 42	Name and Title:		
number of shares TCLE_VLNII Name and Ti	RES of stock is: LAI. OFFICERS AND/OR DIRECTOR tle: Samanta Mologni- P & D Via Vittorio Veneto 42 24067 Sarnico (BG) Italy	Name and Title:		
number of shares TCLE V LNII Name and Ti Address	RES of stock is: LAL OFFICERS AND/OR DIRECTOR tle: Samanta Mologni- P & D Via Vittorio Veneto 42 24067 Sarnico (BG) Italy	Name and Title: Address: Name and Title:		
number of shares TICLE V LNII Name and Ti Address Name and Titl	RES of stock is: LAI. OFFICERS AND/OR DIRECTOR tle: Samanta Mologni- P & D Via Vittorio Veneto 42 24067 Sarnico (BG) Italy	Name and Title:		
number of shares TICLE V LNII Name and Ti Address Name and Titl	RES of stock is: LAL OFFICERS AND/OR DIRECTOR tle: Samanta Mologni- P & D Via Vittorio Veneto 42 24067 Sarnico (BG) Italy	Name and Title:		
number of shares TICLE V LNII Name and Ti Address Name and Titl Address	RES of stock is: LAL OFFICERS AND/OR DIRECTOR tle: Samanta Mologni- P & D Via Vittorio Veneto 42 24067 Sarnico (BG) Italy e:	Name and Title: Address: Name and Title: Address: Address:		
number of shares TICLE V LNII Name and Ti Address Name and Titl Address	RES of stock is: LAL OFFICERS AND/OR DIRECTOR tle: Samanta Mologni- P & D Via Vittorio Veneto 42 24067 Sarnico (BG) Italy e:	Name and Title:		

Name and Title:		Name and Title:		
Addres	SS	Address:	—- -	
			· ••	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	LA CAL		
Name:	United Corporate Services, Inc.		::	
Address:	9200 South Dadeland Blvd., Ste. 508	- 		
	Miami, FL 33156			
ARTICLE VII	<u>INCORPORATOR</u>			
The name and a	ddress of the Incorporator is:			
Name:	Gloria Parks			
Address:	100 State Street, Suite 800			
	Albany, NY 12207			
Effective date, if	EFFECTIVE DATE: other than the date of filing: fate is listed, the date must be specific and car	. (OPTIO	NAL) ays prior or 90 days after the	
Note: If the date the document's e	; inserted in this block does not meet the applica Hective date on the Department of State's record	ble statutory filing require is.	ments, this date will not be listed as	
Having been nan this certificate, L	ned as registered agent to accept service of proc am familiar with and accept the appointment as	cess for the above stated coregistered agent and agre	orporation at the place designated in e to act in this capacity	
/s/ Micha	el A. Barr, President		10-7-2020	
	Required Signature/Registered Agent		Date	
I submit this doc document to the I	ument and affirm that the facts stated herein a Department of State constitutes a third degree fe	tre true. I am aware that lony as provided for in s.8	the false information submitted in a 17.155, F.S.	
/s/ Gloria			10-7-2020	
Required Signature/Incorporator		 -	Date	

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