

P21000044442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

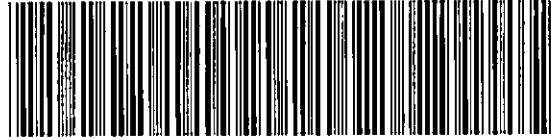
(Document Number)

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Office Use Only.

*al*



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SECRETARY  
TALLAHASSEE, FLORIDA

2021 MAY 14 PM 2:05

RECEIVED

FILE 1ST

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

ACCOUNT NO. : I20000000195

REFERENCE : 813631 4366930

AUTHORIZATION :

COST LIMIT : \$484.50

ORDER DATE : May 14, 2021

ORDER TIME : 10:40 AM

ORDER NO. : 813631-020

CUSTOMER NO: 4366930

DOMESTIC FILING

NAME: ENGINEERING AND INFORMATION  
TECHNOLOGIES, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

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

## COVER LETTER

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

SUBJECT: Engineering and Information 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Kerri L. Kopervos  
Name (Printed or typed)

1125 Atlantic Ave., 3rd Floor  
Address

Atlantic City, NJ 08401  
City, State & Zip

609-572-7436  
Daytime Telephone number

kkopervos@cooperlevenson.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: Engineering and Information Technologies, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11555 Heron Bay Blvd

Coral Springs, FL 33076

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Engineering and information technology consulting

### ARTICLE IV SHARES

The number of shares of stock is: 7,500 Class A voting and 7,500 Class B Non-Voting

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nandita Singh, CEO

Name and Title: Tribhuvan Singh, President/ COO

Address 11555 Heron Bay Blvd

Address: 11555 Heron Bay Blvd.

Coral Springs, FL 33076

Coral Springs, FL 33076

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

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

Address \_\_\_\_\_

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: Cooper Levenson, P.A.

Address: 1580 Sawgrass Corporate Parkway, Suite 130

Sunrise, FL 33323

**ARTICLE VII INCORPORATOR**

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

Name: Michael Salad, Esquire

Address: 1580 Sawgrass Corporate Parkway, Suite 130

Sunrise, FL 33323

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: Upon 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*

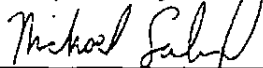


Required Signature/Registered Agent

5/13/21

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

5/13/21

Date