

P22000022122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

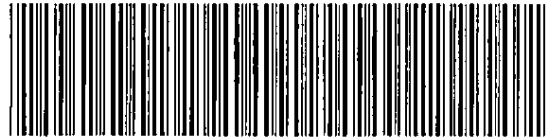
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900411665899

S. CHATHAM  
AUG 15 2023

07/10/23--01015--002 \*\*35.00

2023 JUL 10 PM 1:47  
JUL 10 2023

## COVER LETTER

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

SUBJECT: Northern USA Inc

CORPORATE NAME

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

☒ \$35.00      ☐ \$43.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

|  |   |
|--|---|
| <input type="checkbox"/> \$43.75<br>Filing Fee<br>& Certified Copy | <input type="checkbox"/> \$52.50<br>Filing Fee,<br>Certified Copy<br>& Certificate of<br>Status |
| <b>ADDITIONAL COPY REQUIRED</b>                                    |   |

FROM: Craig I. Kelley, Esq.

Name (Printed or typed)

1665 Palm Beach Lakes Blvd., Ste. 1000

Address

West Palm Beach, FL 33401

City, State & Zip

561-491-1200

Daytime Telephone number

bankruptcy@kelleylawoffice.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the document.**

## RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation is: NORTHERN USA INC

### ARTICLE II RESTATED ARTICLES

The text of the Restated Articles is as follows:

The principal place of business address:

1299 S OCEAN BLVD, UNIT T2

BOCA RATON, FL 33432

The mailing address of the corporation is:

1299 S OCEAN BLVD, UNIT T2

BOCA RATON, FL 33432

### ARTICLE III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

### ARTICLE IV

The number of shares the corporation is authorized to use is:

1000

### ARTICLE V

The name and Florida street address of the registered agent is:

CRAIG I. KELLEY, ESQ.

1665 PALM BEACH LAKES BLVD., SUITE 1000

WEST PALM BEACH, FL 33401

I certify that I am familiar with and accept the responsibilities of registered agent

Registered Agent Signature:

CRAIG I. KELLEY, ESQ.

**ARTICLE III OFFICERS AND/OR DIRECTORS (optional)**

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

**Example:**

X Change                      PT        John Doe

X Remove                      V        Mike Jones

X Add                              SV        Sally Smith

| Type of Action<br>(Check One)                 | Title      | Name                        | Address                        |
|---|------------|-----------------------------|--------------------------------|
| 1) <input type="checkbox"/> Change            | <u>P</u>   | <u>9133-4184 Quebec Inc</u> | <u>1621 Rue Chabanel West</u>  |
| <input type="checkbox"/> Add                  |            |                             | <u>Montreal, QC H4N-2T7-CA</u> |
| <input checked="" type="checkbox"/> Remove    |            |                             |                                |
| 2) <input checked="" type="checkbox"/> Change | <u>PDS</u> | <u>Raffi Kourkoian</u>      | <u>1621 Rue Chabanel West</u>  |
| <input type="checkbox"/> Add                  |            |                             | <u>Montreal, QC H4N-2T7-CA</u> |
| <input type="checkbox"/> Remove               |            |                             |                                |
| 3) <input type="checkbox"/> Change            |            |                             |                                |
| <input type="checkbox"/> Add                  |            |                             |                                |
| <input type="checkbox"/> Remove               |            |                             |                                |
| 4) <input type="checkbox"/> Change            |            |                             |                                |
| <input type="checkbox"/> Add                  |            |                             |                                |
| <input type="checkbox"/> Remove               |            |                             |                                |
| 5) <input type="checkbox"/> Change            |            |                             |                                |
| <input type="checkbox"/> Add                  |            |                             |                                |
| <input type="checkbox"/> Remove               |            |                             |                                |
| 6) <input type="checkbox"/> Change            |            |                             |                                |
| <input type="checkbox"/> Add                  |            |                             |                                |
| <input type="checkbox"/> Remove               |            |                             |                                |

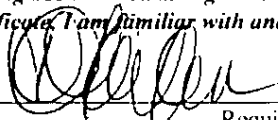
2023 JUL 10 PM 1:47

**ARTICLE IV AMENDED REGISTERED AGENT (OPTIONAL)**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Craig I. Kelley  
Address: 1665 Palm Beach Lakes Blvd, Ste. 1000  
West Palm Beach, FL 33401

*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

7/6/23  
Date

**ARTICLE VI ARTICLE CONSOLIDATION**

These restated articles of incorporation consolidate all amendments into a single document:

**ARTICLE VII REQUIRED ADOPTION INFORMATION**

Check if applicable:

☐ The amendment(s) is/are being filed pursuant to s. 607.0120(11)F, F.S.

The date of each amendment(s) adoption is: \_\_\_\_\_  
if other than the date this document is signed.

**Adoption of Amendment(s) (CHECK ONE)**

☒ The amendment(s) was/were adopted by the incorporators, or board of director without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. Then number of votes cast for the amendment(s) by the shareholder was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting group. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).*

"The number of votes cast for the amendment was/were sufficient for approval by

\_\_\_\_\_  
(voting group)

2023 JUL 10 PM 1:47  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT

**ARTICLE VIII EFFECTIVE DATE:**

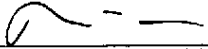
Effective date, if other than the date of filing: 3/9/2022. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than 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.

*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.*

Dated: 19 June 2023

Signature: 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee or other court appointed fiduciary by that fiduciary)

RAFFI KOURKOIAN

(Typed or printed name of person signing)

President

(Title of person signing)