

5/3/22, 3:46 PM

Division of Corporations

**P22000033270**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Arrow Smart Technologies Corp.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED

2022 MAY -4 AM 8:05

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
REGISTRATION SERVICES

T. SCOTT

MAY - 5 2022

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

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ARTICLE I NAME

The name of the corporation shall be. Arrow Smart Technologies Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

345 Westlake Dr

West Sacramento, CA 95605

Mailing address, if different is:

345 Westlake Dr

West Sacramento, CA 95605

ARTICLE III PURPOSE

The purpose for which the corporation is organized is. All lawful business purposes

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Temple, Director

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

Address 345 Westlake Dr

Address: \_\_\_\_\_

West Sacramento, CA 95605

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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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: Legaline Corporate Services Inc.  
Address: 5237 Summerlin Commons Blvd, Ste 400  
Fort Myers, FL, US, 33907

**ARTICLE VII INCORPORATOR**

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

Name: Anna Manukyan  
Address: 10601 Clarence Dr, Ste 250  
Frisco, TX 75033


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing. \_\_\_\_\_ (OPTIONAL.)

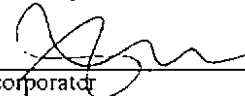
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 5/2/2022  
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.*

 5/2/2022  
Required Signature/Incorporator Date

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