P22000031300

(Requestor's Name)
(Address)
(Address)
(//dd/c33)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocament Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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022 MAY 17 AH 10: 4

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CRETARY OF ST

Sunshine State Corporate Compliance Company

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

DATE 5/17/22			
			WALK IN
	CERTIFICAZIONE MACCI		
English Translation	: Machinery Certification Bo	dy USA Corp	
DOCUMENT NUMBER	ξ	· · · · · · · · · · · · · · · · · · ·	
	PLEASE FILE THE AT	TACHED AND RETUR	M
	Plaix Copy		
XXXXX	Certified Copy		
	Certificate of Status		
	PLEASE OBTAIN THE FOLLOW	WING FOR THE ABOVE	ENTITY
	Certified Copy of Arts & Am	endments	
	Certified Copy of Arts & Am	endments Complete File (14	iclading Annual Reports)
	Certificate of Status		
	Certificate of States Reflecting	g:	
	APOSTILLE' / NOTA	RIAL CERTIFICATIO	DN
COUNTRY OF DESTINAT	TION		
NUMBER OF CERTIFICA			
TOTAL OWED \$	8,75	ACCOUNT # 12014 United Corporate Services, Inc.	Thank you so much!
Please call Tina at ti	he above number for any is	sues or concerns	Thank you so much!

COVER LETTER

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

SUBJECT: ENTE	CERTIFICAZIONE MACCH	IINE USA CORP	
English Transl		TE NAME - MUST INCL	UDE SUFFIX)
English Transi	ation Machinery Certification	Body USA Corp	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☑ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certified Copy & Certificate of Status
		ADDITIONAL CO	
	Name O State Street, Suite 800	oorate Services, Inc. (Printed or typed)	
100		ddress	
AL	BANY NY 12207	State & Zip	
		elephone number	
reg	steredagent@unitedcorpora	•	
	E-mail address: (to be used		otification)

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)

is name or the corpor	ration shall be: ENTE CERTIFICAZIO		
	Principal <u>street</u> address allahassee, FL 32312		dress, if different is: dge St., Unit 2A, Brooklyn, NY 112
RTICLE III PURI	POSE the corporation is organized is: Any law!	ul act or activity permi	tted in Florida
			2022 SEC
			2022 HAY 17 SEGRE PARY TALLAHA
RTICLE IV SHAI	RES f stock is: 200 NPV		AMII: 01 SSEE, FL
RTICLE V INITI	AL OFFICERS AND/OR DIRECTORS		
Name and Tit	le: Luca Bedonni-P,S,VP, T & D	Name and Title:	
Address	Via CA Bella 243 A/B	Address:	
	40053 Valsamoggia (BO)		
	Italy		
Name and Title	: <u> </u>	Name and Title:	
Address		_ Address:	
Name and Title	×	Name and Title:	
Address		Address;	

Name a	nd Title:	Name and Title:
Addres	s	Address:
		-
ARTICLE VI	REGISTERED AGENT	
	Florida street address (P.O. Box NOT acceptable) of to	he registered agent is:
Name:	United Corporate Services, Inc.	
Address:	3458 Lakeshore Drive	
	Tallahassee, FL 32312	
		2022 SEC TA
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	AHA AHA
Name:	Luca Bedonni	co ^{-rc}
Address:	Via CA Bella 243 A/B	AM II: O.
	40053 Valsamoggia (BO) Italy	
ARTICLE VIII Effective date, if	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)
(If an effective of filing.)	date is listed, the date must be specific and cannot	be more than five days prior or 90 days after
Note: If the date the document's e	e inserted in this block does not meet the applicable st effective date on the Department of State's records.	atutory filing requirements, this date will not be
	·	
Having heen nan	ned as registered agent to accept service of process for familiar with and accept the appointment as registered	the above stated corporation at the place designal
_		
Mucha	A. Bass President, United Corporate Service Required Signature/Registered Agent	
		Date
i submit this document to the	tument and affirm that the facts stated herein are tr Department of State constitutes a third degree felony a	ue. I am aware that the false information subm is provided for in s.817.155, F.S.
/s/ Luca Bed	onni	5/17/22

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