P220000 8850

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

Office Use Only

T. SCOTT

DEC - 2 2022



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CIVISION OF CORPORATIONS
TALL AHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: FLOWMICS Inc.	vii va kar kaller kvol	UDC CHECKS
Enclosed are an original and one (1) copy of the ar \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	ticles of incorporation and \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	I a check for: ☐ \$87.50 Filing Fee. Certified Copy & Certificate of Status
FROM: Timothy R. Ploch	ne (Printed or typed)	
730 N. Post Oak Rd. Su	ite 100	

Houston, TX 77024

staff@plochlaw.com

713-862-4300

NOTE: Please provide the original and one copy of the articles.

Address

City, State & Zip

Daytime Telephone number

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

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

ARTICLE 1 NAME The name of the corpora	tion shall be: FLOWMICS Inc.		
7901 4th St. N. Ste. 10 St. Petersburg, FL 33702	<u>CIPAL OFFICE</u> Principal <u>street</u> address		Mailing address, if different is:
ARTICLE III PURPO	OSE the corporation is organized is: The pu	rpose for which	n the corporation is organized
is for engineering	g services and selling of conti	rol devices for	which corporations may be
incorporated un	der applicable law.		
		· ····	
ARTICLE IV SHAR	FS and		
The number of shares of	stock is: 300		
ARTICLE V INITIA	AL_OFFICERS AND/OR DIRECTORS		
Name and Titl	e. John Roper, CEO	Name and Title	Markus Vorderwülbecke, CSO
Address	345 E. Wacker Drive #601	Address:	Am Anger 10
	Chicago, IL 60601		59872 Meschede
			Germany
Name and Title	:	Name and Title	: <u> </u>
Address			
			2022 NOV
			AON AON
Name and Title	:	Name and Title	
Address		Address:	
		<u> </u>	LORIDA SI
			3 3 3 4 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

Name ar	nd Title:	Name and Title:
Address		Address:
ARTICI F VI	REGISTERED AGENT	
	lorida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Registered Agents Inc.	
Address:	7901 4th St N STE 300	
	St. Petersburg FL 33702	- -
ARTICI F VII	<u>INCORPORATOR</u>	
	ddress of the Incorporator is:	
Name:	Timothy R. Ploch	
Address:	730 N. Post Oak Rd. Suite 100	_
	Houston, TX 77024	<u>.</u>
Effective date, if	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cannot	
Note: If the date	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed
	med as registered agent to accept service of process f familiar with and accept the appointment as register	or the above stated corporation at the place designated in the ed agent and agree to act in this capacity
Bee Hame	-	09/21/2022
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted y as provided for in s.817.155, F.S.
		55-5-11
Required Signat	ure/Incorporator	Date