# P12000093342

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

Office Use Only



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S. CHATHAM DEC 2 : 2022

22 DEC 20 PHII: 55

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## **CT CORP**

### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

12/20/2022

D	ate:	12/20/2022	- w: DW
	<b>V</b>	Acc#I20160000072	- 4: ( ) = V
Name:	Sill Optics U	JS, Inc.	
Document #:			
Order #:	14689261		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
Filing: 🗸	Certified: Plain: COGS:		Email Address for Annual Report Notifications:  znajem@gmail.com
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount:	\$ 78.75	

Thank you!

#### **COVER LETTER**

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

SUBJECT: Sill Opt	ics US, Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee     & Certified Copy  ADDITIONAL GG	& Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
FROM:	Nam	e (Printed or typed)	
	- · · · · · · · · · · · · · · · · ·	Address	<del></del>
	City	. State & Zip	
	Daytime T	Celephone number	
	znajem@	gmail.com	
	E-mail address: (to be use	d for future annual report n	otification)

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

FL001 -12:14:2021 Wohers Klower Online

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

The rema of the company	ion shall be:			
ARTICLE II PRINC	TPAL OFFICE Principal street address		Mailing address, if different is:	<del></del>
ARTICLE III PURPO	2SE Starketing			~
The purpose for which the	he corporation is organized is: Marketing			22066
				£ 20
				P#11:5
				1:55
The number of shares of  ARTICLE V INITIA  Name and Title	L OFFICERS AND/OR DIRECTORS	Name and Title	Christoph Sieber, Director	
Address	202 Porgee Rock PI.		202 Porgee Rock PI.	
	Jupiter, Florida 33458	_	Jupiter, Florida 33458	
Name and Title:		— Name and Title		
Address				
		_		
Name and Title:		Name and Title	: <u> </u>	
Address		Address:		
		_		

Name ar	nd Title:	Name and Title:	
Address	·	Address:	
		<u> </u>	
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	C T Corporation System		·,
Address:	1200 South Pine Island Road Plantation,	22[	)/VIS
. 130,700,00	FL 33324	EC 2	
ARTICLE VII	INCORPORATOR	0 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	75.4 7.5.4 7.1.1
The name and a	ddress of the Incorporator is:	PA COM	
Name:	Christoph Sieber	: 55	<u> </u>
Address:	202 Porgee Rock PL		
. 10010111	Jupiter, Florida 33458	<del>_</del>	
Effective date, it	EFFECTIVE DATE: Tother than the date of filing: date is listed, the date must be specific and cannot		
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	le statutory filing requirements, this date will not be listed as s.	
Having been nar certificate, I am	med as registered agent to accept service of process ; familiar with and accept the appointment as registe	for the above stated corporation at the place designated in this ered agent and agree to act in this capacity	
	T Corporation System		
•	Required Signature/Registered Agent   Be	• •	
I submit this do document to the	cument and affirm that the facts stated herein are Department of State poinstitutes a third degree felon	re true. I am aware that the false information submitted in a may as provided for in s.817.155, F.S.	
	13/	11/12/20	
Required Signatu	ure/Incorporator _	Date 15/12/2022	

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