

P22000093843

(Requestor's Name)

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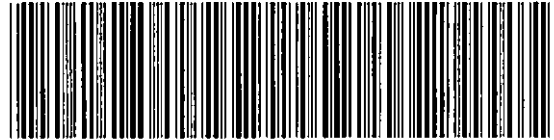
(Business Entity Name)

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3458 Lakeshore Drive, Tallahassee, FL 32312

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Date: 12/22/2022

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Name:	PAAL Technologies, Inc.
Document #:	
Order #:	14694046

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Email Address for Annual Report Notifications:

Keith.McDonald@micross.com

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Amount: \$ 78.75

Thank you!

COVER LETTER

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

SUBJECT: PAAL Technologies, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 \$387.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: PAAL Technologies, Inc.

Name (Printed or typed)

5387 N. Nob Hill Road

Address

Sunrise, FL 33351-4761

City, State & Zip

Daytime Telephone number

Keith.McDonald@micross.com

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

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)

ARTICLE I NAME

The name of the corporation shall be: PAAL Technologies, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5387 N. Nob Hill Road

Sunrise, FL 33351-4761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares of Common Stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Buffa, Vincent (Chairman)

Name and Title: Buffa, Vincent (Director)

Address 5387 N. Nob Hill Road

Address: 5387 N. Nob Hill Road

Sunrise, FL 33351-4761

Sunrise, FL 33351-4761

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: C T CORPORATION SYSTEM

Address: 1200 South Pine Island Road,

Plantation, Florida 33324

ARTICLE VII INCORPORATOR

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

Name: Eun Joo Choi

Address: 620 Eighth Avenue

New York, NY 10018

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

/s/ Laura Broderick, Assistant Secretary

Required Signature/Registered Agent

12/22/2022

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.

/s/ Eun Joo Choi

Required Signature/Incorporator

12/22/2022

Date _____

SECRET
DIVISION OF
CORPORATION
12/22/2022 PM 4:17
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