

P23000041151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

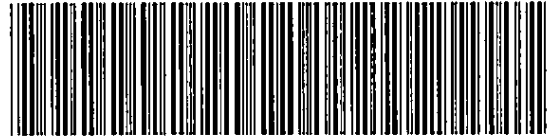
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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S. CHATHAM

MAY 25 2023

05/26/23--01001--008 **78.75

FILED

2023 MAY 25 PM 12:46

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2023 MAY 25 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: Cat 5/25

- CERTIFIED COPY** _____
PHOTOCOPY _____
 CUS _____
 FILING INC _____

1. **SD PRECISION INC.**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

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

ARTICLE I NAME SD Precision Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
2490 SE Toledo Ave. _____ 2490 SE Toledo Ave. _____
Port St Lucie, FL 34952 Port St Lucie, FL 34952

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____
Consulting and manufacturing

ARTICLE IV SHARES 100,000
The number of shares of stock is: _____

2023 MAY 25 PM 12:46
SHANE DAY- D,P

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Shane Day- D,P Name and Title: _____
Address 2490 SW Toledo Ave. Address: _____
Port St Lucie, FL 34952

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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: Registered Agents Inc.
Address: 7901 4th St N, Ste. 300
St. Petersburg, FL 33702

2023 MAY 25 PM 12:46
STATE

ARTICLE VII INCORPORATOR

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

Name: Amanda J. Beren
Address: 31416 Agoura Rd., Ste 118
Westlake Village, CA 91361

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

Ber Name

Required Signature/Registered Agent

05/25/2023

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.

AJB

Required Signature/Incorporator

05/25/2023

Date