P2400000158

```
(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:

Office Use Only

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE __12/27/23__

WALK IN

ENTITY NAME __VECO USA INC__

DOCUMENT NUMBER_____

PLEASE FILE THE ATTACHED AND RETURN

_____	*Plain Copy*
_X X X X X_	*Certified Copy*
_____	*Certificate of Status*
_____	_____

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

_____	*Certified Copy of Arts & Amendments*
_____	*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*
_____	*Certificate of Status*
_____	*Certificate of Status Reflecting:* _____

APOSTILLE'/ NOTARIAL CERTIFICATION

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED $ __78.75__

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Keppard

Please call Tina at the above number for any issues 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: __VECO USA 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	☒ $78.75	☐ $87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL COPY REQUIRED	

FROM: __Fosca Pellegrinotti Mari__

Name (Printed or typed)

__18 Bridge St., Unit 2A__

Address

__Brooklyn, NY 11201__

City, State & Zip

__1-718-522-5575__

Daytime Telephone number

__fosca@exportusa.us__

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   VECO USA INC
The name of the corporation shall be:_____

ARTICLE II   PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
18Bridge St., Unit 2A
Brooklyn, NY 11201

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is: any lawful activity in the State of Florida

_____

_____

_____

_____

_____

_____

ARTICLE IV   SHARES
The number of shares of stock is: 200 shares common npv

ARTICLE V   INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Giulia Formenti   Pres. and CEO   Name and Title:_____

Address   Via Busto Fagnano 20   Address:_____

               Olgiate Olona (VA), 21057, Italy

Name and Title: Stefano Gallazzi   Vice President   Name and Title:_____

Address   Via Busto Fagnano 20   Address:_____

               Olgiate Olona (VA), 21057, Italy

Name and Title: Tommaso Consonni   Sec. and Treasurer Name and Title:_____

Address   Via dei Ciliegi 23   Address:_____

               Alserio (CO) 22040, Italy

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: United Corporate Services, Inc,

Address: 3458 Lakeshore Drive

            Tallahassee, FL 32312

ARTICLE VII   INCORPORATOR

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

Name: **Giulia Formenti**

Address: **Via Busto Fagnano 20**

            Olgiate Olona (VA), 21057, Italy

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

Michael A. Barr President, United Corporate Services, Inc.   *12/27/2023*
_____   _____
Required Signature/Registered Agent   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/ Giulia Formenti   *12/27/2023*
_____   _____
Required Signature/Incorporator   Date