

P24000015839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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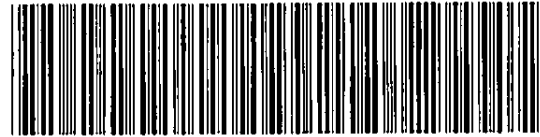
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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TALLAHASSEE

STATE

MA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 70.0

ORDER DATE : 03/01/24

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

DOMESTIC FILING

NAME: D-MOBILELAB USA Inc.

EFFECTIVE DATE:

- ☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- ☒ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: SHAUNA GODBOLT

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: D-MOBILELAB 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
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Florian Dylewski

Name (Printed or typed)

The Nilson Law Group, PLLC - 10 E 40th Street, Suite 3310

Address

New York, NY 10016

City, State & Zip

212-687-1155

Daytime Telephone number

paralegal@nilsonlaw.com

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

SECRETARY OF STATE
TALLAHASSEE, FL

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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: D-MOBILELAB USA Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
c/o The Nilson Law Group, PLLC, 10 E 40th Street
Suite 3310
New York, NY, 10016

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful activity for which corporation may be
incorporated in this state.

ARTICLE IV SHARES

The number of shares of stock is: 2,000 shares of common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Francisco Sanchez Ortega, Director
Address: 3235 Day Ave.
Miami, Florida 33133

Name and Title: Guillaume Briche, Director
Address: 890 chemin Carraire de Salin
13090 Aix-en-Provence

Name and Title: Eric Tiberghien, Director
Address: 7C rue Roumanille
13090 Aix-en-Provence
France

Name and Title: Francisco Sanchez Ortega, President
Address: 3235 Day Ave.
Miami, Florida 33133

Name and Title: Francisco Sanchez Ortega, Treasurer
Address: 3235 Day Ave.
Miami, Florida 33133

Name and Title: Deborah Nilson, Secretary
Address: 10 E 40th Street Suite 3310
New York, New York, 10016

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TALLAHASSEE FL

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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Florian Dylewski

Address: The Nilson Law Group PLLC

10 E 40th St, New York, NY, 10016

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.

Required Signature/Registered Agent

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SECTION OF STATE
TALLAHASSEE, FL
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.

Required Signature/Incorporator

03.01.2024
Date