

P24000052078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

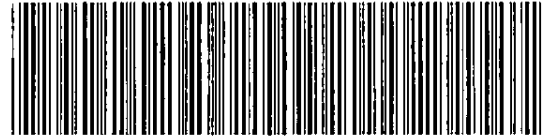
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2024 AUG 15 AM 9:47

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FBI - MEMPHIS



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 08/14/24
Order #: 1595620-1
Re: Plan IT Packaging and Robotics Group Inc.
Processing Method: Routine

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the 'Re:' line of the header.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:
I20000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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COVER LETTER

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

SUBJECT: Plan IT Packaging and Robotics Group 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:

2021 AUG 15 AM 9:47

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FROM: Charlotte Vaudoit

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)

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: Plan IT Packaging and Robotics Group Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4525 Oak Fair Boulevard

Tampa, FL 33610

USA

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 the 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: Mark Evangelista, Director

Address: 2902-1928 Lakeshore Boulevard W

Toronto, ON M6S0B1

Canada

Name and Title: Atif Khan, Director

Address: 154 Wandering Glider Trail

Bradford, ON L3Z4K8

Canada

Name and Title: Jonathan Evangelista, Director

Address: 1-350 Webb Drive

Mississauga, ON L5B3W4

Canada

Name and Title: Mark Evangelista, President

Address: 2902-1928 Lakeshore Boulevard W

Toronto, ON M6S0B1

Canada

Name and Title: Jonathan Evangelista, VP, Treasurer

Address: 1-350 Webb Drive

Mississauga, ON L5B3W4

Canada

Name and Title: Deborah Nilson, Secretary

Address: The Nilson Law Group. PLLC

10 E. 40th Street, Suite 3310

New York, NY, 10016

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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: Charlotte Vaudoit

Address: The Nilson Law Group, PLLC

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

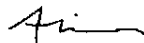
ARTICLE VIII EFFECTIVE DATE:

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

08/14/2024

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

08/14/2024

Date