11/1/24, 12:28 PM Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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FLORIDA PROFIT/NON PROFIT CORPORATION

4CP Florida, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

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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: 4CP Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 4779 TERRASONESTA DR., DAVENPORT, FL 33837

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Licensing Technologies

ARTICLE IV SHARES

The number of shares of stock is: 5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vernon Cameron, President and Director
Address: 4779 TERRASONESTA DR.
DAVENPORT, FL 33837

Name and Title: Claudio Subacchi, Vice President and Director
Address: 4779 TERRASONESTA DR.
DAVENPORT, FL 33837

Name and Title: Giovanni Ferri, Vice President and Director
Address: 4779 TERRASONESTA DR.
DAVENPORT, FL 33837

Name and Title: Karen J. Guest, Chief Legal Officer
Address: 4779 TERRASONESTA DR.
DAVENPORT, FL 33837

Name and Title:
Address

Name and Title:
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: CLAUDIO SUBACCHI

Address: 4779 TERRASONESTA DR.

DAVENPORT, FL 33837

ARTICLE VII INCORPORATOR

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

Name: Claudio Subacchi

Address: 4779 TERRASONESTA DR.

DAVENPORT, FL 33837

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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

By: Claudio Subacchi _____ 10/31/2025

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.

_____ 10/31/2025

Required Signature/Incorporator Date