

PI 40000 28769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

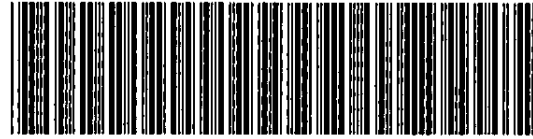
(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 28 AM 9:39

[Handwritten Signature]
4-1-14

COVER LETTER

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

SUBJECT: Microtech Assist 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: Hradyendra Om Sharma

Name (Printed or typed)

1994 Placid Lakes Blvd.

Address

Lake Placid, FL - 33852

City, State & Zip

754-422-8486

Daytime Telephone number

hosharma@hotmail.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 28 AM 9:33

ARTICLE I NAME
The name of the corporation shall be: Microtech Assist Inc

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
1994 Placid Lakes Blvd.
Lake Placid FL - 33852

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: The Corporation is Organized for the purpose of engaging in any or business permitted under the low of United States and State of Florida.

ARTICLE IV SHARES 100 share of common stock with par of \$10.00 for each share.
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Hradyendra Om Sharma (PD)</u>	Name and Title:	_____
Address	<u>1994 Placid Lakes Blvd.</u> <u>Lake Placid FL - 33852</u>	Address:	_____ _____

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: Hradyendra Om Sharma (PD)
 Address: 1994 Placid Lakes Blvd.
Lake Placid FL - 33852

ARTICLE VII INCORPORATOR

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

Name: Hradyendra Om Sharma (PD)
 Address: 1994 Placid Lakes Blvd.
Lake Placid FL - 33852

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 03/25/2014
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 03/25/2014
Date