P6/000834425
TRANSMITTAL LETTER

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

SUBJECT: Tech Master of North Mian;
(Proposed corporate name - must include suffix)

100003942781--9 -04/02/01--01061--002 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

S70.00 Filing Fee

S78.75 Filing Fee

& Certificate of Status

**X\$78.75** 

Filing Fee & Certified Copy □ \$87.50

Filing Fee,
v Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Bobert Hashagen
Name (Printed or typed)

25 S.E. 10th Street B

Address

Deer Ge Jd Bh H. 33441

City, State & Zip

954- 574-08)( Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

ARTICLES OF INCORPORATION
The undersigned incorporator, for the purpose of forming a corporation under the Florida  Business Corporation Act, hereby adopts the following Articles of Incorporation.
ARTICLE I NAME  The name of the corporation shall be:
Tech Master of North Miami
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
29 S.E. 10th Street Preschield Bch FU. 334
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100 0
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Chary I Hashagen 29 S.E. 10th street Dear Rie ld But El. 33441
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
29 S.E. 10th street Deer Rield Buch Pl. 33441
Il Holy 03/30/01
Signature/Incorporator Date
(An additional article must be added if an effective date is requested.)
ilaving been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the abligations of my position as registered agent
Signature/Registered Agent Date