

6-2271
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Florida Department of State
Division of Corporation
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FLORIDA PROFIT/NON PROFIT CORPORATION
TECMARKET SHOP CORP

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

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: TECMARKET SHOP CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

600 NE 36 ST APT 418MIAMI, FL 33137**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: FRANCESCO JESUS AVALONE (P) Name and Title: _____Address 600 NE 36 ST APT 418 Address: _____MIAMI, FL 33137

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: FRANCESCO JESUS AVALLONE
Address: 600 NE 36 ST APT 418
MIAMI, FL 33137

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: FRANCESCO JESUS AVALLONE
Address: 600 NE 36 ST APT 418
MIAMI, FL 33137

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:

/s/ Francesco Jesus Avallone _____
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.

/s/ Francesco Jesus Avallone _____
Required Signature/Incorporator Date