# F1900003723

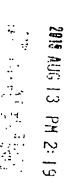
(Requestor's Name)				
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Dimatier	ew19-	64229		

Office Use Only



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AUG 13 2019 M. SOLOMON



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 16, 2019

MURRAY MUSGROVE 2645 EXECUTIVE PARK DR, STE 640 WESTON, FL 33331

SUBJECT: TECHNO SOLUTIONS GROUP INC

Ref. Number: W19000064229

We have received your document for TECHNO SOLUTIONS GROUP INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 719A00014200

Stacy Prather Regulatory Specialist III

www.sunbiz.org

## **COVER LETTER**

TO: Registration So Division of Co				
SUBJECT:	TECHNO SOLU	TIONS GROUP	INC.	
		on - must include suffix		
Dear Sir or Madam:				
"Certificate of Existen	tion by Foreign Corporation ( ce," or "Certificate of Good S gn corporation to transact bus	tanding" and check are sub		
Please return all corres	pondence concerning this ma	ter to the following:		
•	MURRAY MUSARO Name	VE		
	Name	of Person		
		ompany		<del></del>
	2877 SW 49+1	- CT		
	Ad	dress		
	IRAMAR, FL 3	3027		
	City/State	and Zip code		
TEC	HNOSOLUTIONSG	R@ Small con	Ν	
	E-mail address: (to be use	d for future annual report n	otification)	
For further information	concerning this matter, pleas	e call:		
MURRAY MUSGRO	VE at (305	, 308- 6305		
Name of Perso	on Area C	ode Daytime Teleph	none Number	<del>-</del>
STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations ig : Center Circle	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	RECEIVED AUG 1 3 2019
Enclosed is a check for	the following amount:			
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filin Certificate Certified C	of Status &

\* NO CHARGE DUE TO NEEDING TO SUBMIT OFFICERS' SIGNATURE.

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

i. TECHNI	SOLUTIONS GROUP =	INC.	
(Enter name of co	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")		N,"
	able in Florida, enter alternate corporate name	•	_
2. <u>COLORA</u> (State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
	of incorporation) 5.		
(Date	of incorporation)	(Date of duration, if other	r than perpetual)
6.	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	2019 in Florida, if prior to registration) 1502, F.S., to determine penalty liabi	lity)
7.	(Princi 2645 EXECUTIVE P.	ipal office address) AKK DR STE 640	MESTON, FL 3333
	(Current mail	ing address, if different)	
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	÷ 20
Name:	MURRAY MUSGROVE		2018 AUG
Office Address:	2645 EXECUTIVE PARK	DR STE1640	
	WESTON	. Florida 3333	PH 2:
	(City)	(Zip code)	
designated in this further agree to co	ent's acceptance:  ed as registered agent and to accept serve  application, I hereby accept the appoint  omply with the provisions of all statutes  amiliar with and accept the obligations	tment as registered agent and ag relative to the proper and compl	ree to act in this capacity. I lete performance of my
	lluy (Registered	louse agent's signature)	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: MURRAY MUSGROVE Director: 2645 EXECUTIVE PARK DR STE 640 WESTON, FL 33331 Address: **B. OFFICERS** MURRAY MUSGROVE President: 2645 EXECUTIVE PARK DR STE 640 WESTON, FL 33331 Address: Vice President: Secretary: \_\_\_ Address: \_\_ MURRAY MUSGROVE Treasurer; 2645 EXECUTIVE PARK DR STE 640 WESTON, FL 33331 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes

(Typed or printed name and capacity of person signing application)

MUSGROVE

a third degree felony as provided for in s.817.155, F.S.



### CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

TECHNO SOLUTIONS GROUP INC.

#### is a

#### Corporation

formed or registered on 04/12/2017 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20171285794.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/26/2019 that have been posted, and by documents delivered to this office electronically through 06/27/2019 @ 11:01:02.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/27/2019 @ 11:01:02 in accordance with applicable law. This certificate is assigned Confirmation Number 11655708



Secretary of State of the State of Colorado

\*\*\*\*End of Certificate\*\*\*

Nauce is certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately yalid and effective. However, as an option, the usuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sov.state.co.us/bc/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sov.state.co.us/chek "Businesses trademarks, vade names" and select "Frequently 4sked Questions".