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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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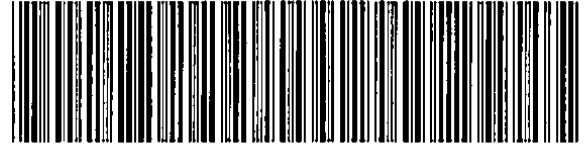
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIKOTECH SERVICES INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TOWAN RUSH

Name of Person

Firm/Company

1665 PINELLAS POINT DR S

Address

ST PETERSBURG, FL 33712

City/State and Zip code

corptowanrush@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TOWAN RUSH

727

422-8697

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**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.*

TIKOTECH SERVICES INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. HAWAII 3. 84-2832384
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/31/2017 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1665 PINELLAS POINT DR S ST PETERSBURG, FL 33712
(Principal office address)
- 1665 PINELLAS POINT DR S ST PETERSBURG, FL 33712
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

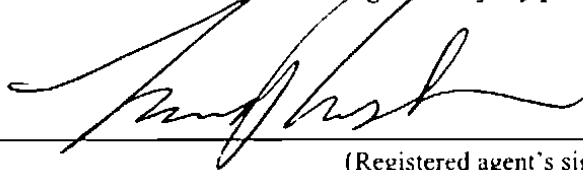
Name: TOWAN RUSH

Office Address: 1665 PINELLAS POINT DR S

ST PETERSBURG, Florida 33712
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered 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: _____

Address: _____

Director: TOWAN RUSH

Address: 1665 PINELLAS POINT DR S ST PETERSBURG, FL 33712

Director: _____

Address: _____

B. OFFICERS

President: TOWAN RUSH

Address: 1665 PINELLAS POINT DR S ST PETERSBURG, FL 33712

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: TOWAN RUSH

Address: 1665 PINELLAS POINT DR S ST PETERSBURG, FL 33712

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

13. TOWAN RUSH PRESIDENT

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

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2019 AUG 28 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No.(808) 586-2727

ARTICLES OF INCORPORATION
(Section 414-32, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of forming a corporation under the laws of the State of Hawaii, do hereby make and execute these Articles of Incorporation:

I

The name of the corporation shall be :

TIKOTECH SERVICES INC.

(The name must contain the word Corporation, Incorporated, or Limited or the abbreviation Corp., Inc., or Ltd.)

II

The mailing address of the corporation's initial principal office is:

382 NE 191ST STREET # 25825, MIAMI, FL 33179 USA

III

The corporation shall have and continuously maintain in the State of Hawaii a registered agent who shall have a business address in this State. The agent may be an individual who resides in this State, a domestic entity or a foreign entity authorized to transact business in this State.

- a. The name (and state or country of incorporation, formation or organization, if applicable) of the corporation's registered agent in the State of Hawaii is:

HAWAII CORPORATE CENTER LLC

HAWAII

(Name of Registered Agent)

(State or Country)

- b. The street address of the place of business of the person in State of Hawaii to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to is:

1888 KALAKAUA AVE STE C312, HONOLULU, HI 96815 USA

IV

The number of common shares all of the same class which the corporation shall have authority to issue is:

200

V

The name and address of each incorporator is:

Name**MARCIO ANDRADE**Address**382 NE 191ST STREET # 25825, MIAMI, FL 33179 USA**

I certify that I have read the above statements, I am authorized to sign this Articles of Incorporation, and that the above statements are true and correct to the best of my knowledge and belief.

31

DECEMBER 2017

Signed this _____ day of _____

MARCIO ANDRADE

(Type/Print Name of Incorporator)

(Type/Print Name of Incorporator)

MARCIO ANDRADE

(Signature of Incorporator)

(Signature of Incorporator)

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2019 AUG 28 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

TIKOTECH SERVICES INC.

was incorporated under the laws of Hawaii on 12/31/2017 ; and that it is an existing corporation in good standing, and is duly authorized to transact business.

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2019 AUG 28 PM 4:38
CLERK OF STATE
TALLAHASSEE, FLORIDA



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: August 23, 2019

Director of Commerce and Consumer Affairs