

F19000004299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

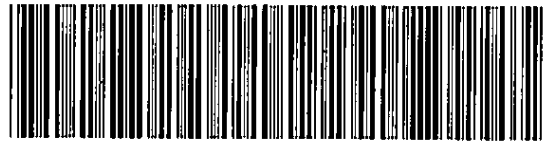
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SCOTT

SEP 21 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

TEAMTECHNO INC.

SUBJECT: _____
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:

NATALIYA ZGONNIK

Name of Person

Firm/Company

251 174TH ST APT 1615

Address

SUNNY ISL BCH, FL 33160

City/State and Zip code

corpnataliyazgonnik@gmail.com

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

For further information concerning this matter, please call:

NATALIYA ZGONNIK

682

252-5817

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.*

TEAMTECHNO 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. 84-2913042
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/29/2017 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. 251 174TH ST APT 1615 SUNNY ISL BCH, FL 33160
(Principal office address)

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TALLAHASSEE, FLORIDA

(Current mailing address, if different)

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

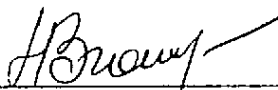
Name: NATALIYA ZGONNIK

Office Address: 251 174TH ST APT 1615

SUNNY ISL BCH, Florida 33160
(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: NATALIYA ZGONNIK

Address: 251 174TH ST APT 1615 SUNNY ISL BCH, FL 33160

Director: _____

Address: _____

B. OFFICERS

President: NATALIYA ZGONNIK

Address: 251 174TH ST APT 1615 SUNNY ISL BCH, FL 33160

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: NATALIYA ZGONNIK

Address: 251 174TH ST APT 1615 SUNNY ISL BCH, FL 33160

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

12. _____

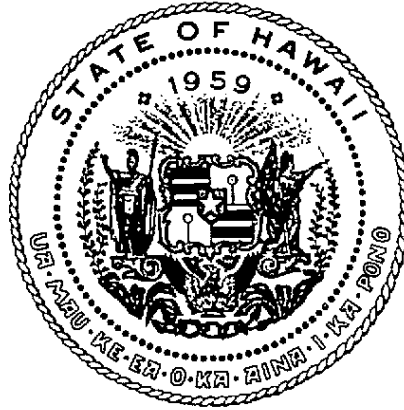
Signature of Director or Officer

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. NATALIYA ZGONNIK PRESIDENT

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

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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,

TEAMTECHNO INC.

was incorporated under the laws of Hawaii on 12/29/2017 ; and that it is an existing corporation in good standing, and is duly authorized to transact business.

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 19, 2019

Director of Commerce and Consumer Affairs



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOMESTIC PROFIT CORPORATION
FILING FEE: \$ 15.00
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STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
BUSINESS REGISTRATION DIVISION
335 Merchant Street
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT AS OF
CORPORATE NAME AND MAILING ADDRESS:

AMENDED ANNUAL 2018

TEAMTECHNO INC.
251 174TH ST APT 1615
SUNNY ISL BCH, FL 33160

If the above mailing address has changed, line out and print change to the right.

If address of principal office differs from the above mailing address, state the address of principal office. Include City, State, and Zip Code: _____

1. AUTHORIZED SHARES TOTAL NUMBER OF SHARES ISSUED

(To correct line out and print the correction to the right.)

CLASS	NUMBER	CLASS	NUMBER
COMMON	200	COMMON	200

2. NATURE OF BUSINESS:
BUSINESS CONSULTING

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. The name of the registered agent and the registered agent's street address of the place of business in Hawaii of the person 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. (If any change, line out and print change on the right. See reverse side for instructions.)

HAWAII CORPORATE CENTER LLC
1888 KALAKAUA AVE STE C312
HONOLULU, HI 96815

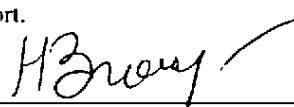
4. OFFICERS/DIRECTORS: List all officers and directors. (To correct, line out and print corrections to the right. See reverse for instructions.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	ADDRESS (INCLUDE CITY, STATE & ZIP CODE)
P/D	NATALIYA ZGONNIK	251 174TH ST APT 1615 SUNNY ISL BCH, FL 33160

CERTIFICATION

I certify under the penalties of Section 414-20, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

DATE: 09/03/2019


Signature of authorized officer, attorney-in-fact
for an officer, or receiver or trustee

NATALIYA ZGONNIK
Print Name

(if the corporation is in the hands of a receiver or trustee)

FILE NO.
Rev. 10/2013

B17
B22
BSA

File this Original
(SEE REVERSE SIDE FOR INSTRUCTIONS)