NOIOOOOOQO

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

SUBJECT: FLOKIDA TOC PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

SUBJECT: STO.00 S78.75
S70.00 S78.75
S87.50

□ \$70.00
Filing Fee
Filing Fee &
Certificate of
Status

□ \$78.75
Filing Fee
Filing Fee
Filing Fee
Filing Fee
Certified Copy
& Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: RON E. BROWER

Name (Printed or typed)

5395 PEMBRIDGE PLACE

Address

TLH FC 32388

City, State & Zip

850 8938338

Daytime Telephone number

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



In Compliance with Chapter 617, F.S., (Not for Profit)		
ARTICLE I NAME	•	
The name of the corporation shall be: TECH FLORION, I	nc.	·
ARTICLE II PRINCIPAL OFFICE		
The principal place of business and mailing address of this corporation shall be:	· -	
5395 PEMBRIDGE PLACE		
TALLAHASSER, FL 32308		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ASSOCIATION		
	1-01	LODDY (NG
GOVERNMENT PURPOSES.		
ARTICLE IV MANNER OF ELECTION		
The manner in which the directors are elected or appointed:	Ocea Or a	
DIRECTORS ELECTED ACCORDING TO	BYLAWS	
		700
		1865年
ARTICLE V INITIAL DIRECTORS/OFFICERS The name and addresses:		製 二
The hame and addresses.		第2
		110g
		PH 1:55
		Bu o
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDR	<u>ess</u>	
The <u>name and Florida street address</u> of the registered agent is:		
ROM E. BROWER 5395 PEMBRIDGE R		
TLH, FL 32308	•	-
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
ROM E. BROWER 5395 PEMBRIDGE PC	-	
TLA FL 32308	<u>-</u> .	
)		
**************************************	*****	*****
**************************************	********* rporation at th	******** e place
******************	********* rporation at th gent and agree	********* e place e to act in this

Signature/Registered Agent

On E Jave

1-11-0 |

Date

1-11-0 |

Signature/Incorporator

Date