Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FASTKIT CORP Account Number : 120100000009

Phone : (305)599-0839

Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Addr	ess:
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2rd Request

FLORIDA PROFIT/NON PROFIT CORPORATION TECNOVANGUARDIA, C.A INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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November 20, 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

FASTKIT

SUBJECT: TECHOVANGUARDIA, C.A INC

REF: W19000101654

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The effective date is not acceptable since it is not within five working days of the date of receipt.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

FAX Aud. #: H19000339282 Letter Number: 919A00023769

P.O BOX 6327 Tallahassec, Florida 32314

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

TICLE II PRI	NCIPAL OFFICE Principal street address		Mailing address, if different is:
I NW TTE ST			
AMI FL 33125			
TICLE III PUR	POSE the corporation is organized is:		
	WFUL BUSINESS		
	· · · · · · · · · · · · · · · · · · ·		
	·	<u> </u>	
number of snares	4RES 100 SHARES @ \$10.00 EAC of stock is:		
TICLE V INT	TIAL OFFICERS AND/OR DIRECTOR		PRESIDENT
TICLE V INT	TIAL OFFICERS AND AOR DIRECTOR Title: LADAGE BEREZ ORTEGA	<u> </u>	itle: PEDRO D PEREZ MONCADA
TICLE V INT	TIAL OFFICERS AND AOR DIRECTOR Title: LADAGE BEREZ ORTEGA	S Name and Ti	
TICLE V INT	TIAL OFFICERS AND/OR DIRECTOR Title: PRESIDENT JAIME F. PEREZ ORTEGA	Name and Ti	PEDRO D PEREZ MONCADA
Name and T Address	TIAL OFFICERS AND/OR DIRECTOR PRESIDENT JAIME F. PEREZ ORTEGA 2341 NW 7TH ST MIAMI FL 33125	Name and Ti	PEDRO D PEREZ MONCADA 2341 NW 7TH ST MIAMI FL 33125
Name and T Address Name and T	TIAL OFFICERS AND/OR DIRECTOR Title: PRESIDENT JAIME F. PEREZ ORTEGA 2341 NW 7TH ST MIAMI FL 33125	Name and Ti	PEDRO D PEREZ MONCADA 2341 NW 7TH ST MIAMI FL 33125
Name and T Address	TIAL OFFICERS AND/OR DIRECTOR Title: PRESIDENT JAIME F. PEREZ ORTEGA 2341 NW 7TH ST MIAMI FL 33125	Name and Ti Address: Name and Ti	PEDRO D PEREZ MONCADA 2341 NW 7TH ST MIAMI FL 33125
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Name and T Address Name and T Address	TIAL OFFICERS AND/OR DIRECTOR Title: PRESIDENT JAIME F. PEREZ ORTEGA 2341 NW 7TH ST MIAMI FL 33125 Title: MIAMI FL 33125	Name and Ti	PEDRO D PEREZ MONCADA 2341 NW 7TH ST MIAMI FL 33125
Name and T Address Name and T Address	TIAL OFFICERS AND/OR DIRECTOR Title: PRESIDENT JAIME F. PEREZ ORTEGA 2341 NW 7TH ST MIAMI FL 33125	Name and Ti	PEDRO D PEREZ MONCADA 2341 NW 7TH ST MIAMI FL 33125

ARTICLE VI REGISTERED AGENT The pame and Plorida street address (P.O. Box NOT acceptable) of the registered agent is: Name: TAP SOLUTIONS INC 2341 NW 7TH ST MIAMI FL 33125 ARTICLE VII INCORPORATOR The pame and address of the Incorporator is: YUVANIA GUARDIOLA Address: Address: Address: Address: Address: Address: ARTICLE VIII EFFECTIVE DATE: (OPTIONAL) (If an effective date, if other than the date of filing: (If an effective date, if other than the date of filing: (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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the facts information submitted in document to the Department of State/constitutes a third degree felony as provided for in s.817.155, F.S. 11119/2019 Date	Name a	nd Title:	Name and Title:
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