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SECRETARY OF STATE

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TRANSMITTAL LETTER

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

SUBJECT: TEC	CNOFOS USA INC.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 Filing Fec	☑ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fec, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	PETER SCHAEFLEIN	(Printed or typed)		
, -	516 SABAL LAKE DRIVE			
	LONGWOOD, FL 32779 City, State & Zip			
	407-421-0580 Daytime T	elephone number		· • • • · · · · · · · · · · · · · · · ·

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

ARTICLES OF INCORPORATION

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

ARTICLE I

The name of the corporation shall be:

TECNOFOS USA INC.

PRINCIPAL OFFICE

The principal place of business/mailing address is:

1020 OCOEE-APOPKA ROAD, APOPKA, FL 32703

PURPOSE ARTICLE III

The purpose for which the corporation is organized is: WHOLESALE/BROKER FOR FOOD ADDITIVES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INTIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

DOUGLAS M. WILLIAMS 702 SAILFISH ROAD WINTER SPRINGS, FL 32708

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PETER F. SCHAEFLEIN 516 SABAL LAKE DRIVE, #206 LONGWOOD, FL 32779

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this rtificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent