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| (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: | | | | | |
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TRANSMITTAL LETTER

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

SUBJECT: TECH 2000 DESIGNS, INC

| | (PROPOSED CORPORA | ATE NAME – <u>MUSTINCL</u> | <u>UDE SUFFIX</u>) | •• |
|----------------------|--|--|--|-------------------------|
| Enclosed are an orig | inal and one (1) copy of the art | ticles of incorporation and | l a check for: | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | S87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED | |
| FROM: R | OBERT TORELLI | e (Printed or typed) | 3 • 5T- | A STATE OF THE PARTY OF |
| | 1466 LEMON STREET | Address | · . | |
| | CLEARWATER, FL 33756 City, State & Zip | | | |
| - | 727-422-0317 | Telephone number | ta di sa | |

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

| ARTICLES OF INCORPO In compliance with Chapter 607 a | | | |
|--|---|-----------|---------------|
| ARTICLE I NAME | , | | |
| The name of the corporation shall t | nor | - | |
| TECH 2000 DESIGNS, INC | 50. | | |
| TECH 2000 DESIGNS, INC | | | |
| ARTICLE II PRINCIPAL The principal place of business/ma: 1466 LEMON STREET | ** | | |
| CLEARWATER, FL 33756 | | | |
| ARTICLE III PURPOSE | | | |
| The purpose for which the corpor | ation is organized is: | | |
| FINISHED CARPENTRY AND DES | BIGNS | | |
| | | | T 0 |
| ARTICLE IV SHARES | | | |
| The number of shares of stock is: | | | 100 日 |
| 100 | | | |
| | | | T AMI |
| · · · · · · · · · · · · · · · · · · · | FICERS AND/OR DIRECTORS | <u>\$</u> | AMIL: 38 |
| List name(s), address(es) and spec | • • | | |
| ROBERT TORELLI, PRESIDENT/S | ECRETARY | | 3 38 |
| The name and Florida street add | ERED AGENT ress of the registered agent is: ILAND AVE, CLEARWATER, FL 3375 | 55 | . de |
| ARTICLE VII INCORPO | RATOR | | |
| The name and address of the Inco | | | |
| ROBERT TORELLI, 1466 LEMON S | STREET, CLEARWATER, FL 33756 | - | |
| | | | |
| ****** | *********** | ******** | ***** |
| | to accept service of process for the above the appointment as registered agent and a | | |
| (Pana Alla | In red | 12/13/20 | n4 |
| Signature/Registered Ag | ront . | | 04 |
| oignature/Registered Ag | Rent . | D | 110 |

Signature/Incorporator

Date

12/13/2004