

705000118686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

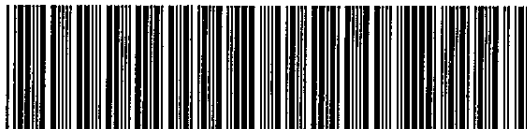
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/10/05--01030--004 \*\*70.00

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05 AUG 24 PM 12:55  
SECRETARY OF STATE  
CLERK OF COURTS

J. Shivers AUG 23 2005

1205-37881

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

21 Techwork Co.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2740 SW 22ND AVE #1602  
DELRAY, FL 33445

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

## ARTICLE IV SHARES

The number of shares of stock is:

— 4,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CARLOS MACHADO  
2740 SW 22ND AVE #1602  
DELRAY, FL 33445

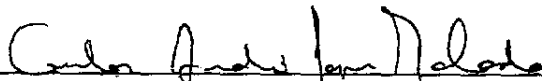
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARLOS MACHADO  
2740 SW 22ND AVE #1602  
DELRAY, FL 33445

\*\*\*\*\*

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



Signature/Registered Agent

08/02/05

Date



Signature/Incorporator

08/02/05

Date

FILED  
05 AUG 24 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: 21 Techwork Co.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: CARLOS MACHADO  
Name (Printed or typed)

2740 SW 22ND AVE #1602  
Address

DELRAY, FL 33445  
City, State & Zip

561-279-7302  
Daytime Telephone number

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