

P05000155111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

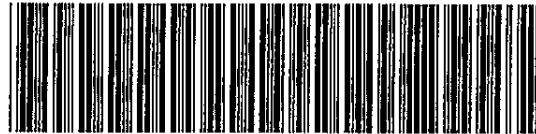
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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: KNECTION INC.

(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: GUCLU GENGYIGIT

Name (Printed or typed)

11253 LAKEVIEW DR.

Address

CORAL SPRINGS, FLORIDA 33071

City, State & Zip

954-854-3799

Daytime Telephone 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)

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ARTICLE I NAME

The name of the corporation shall be:

KNECTION INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11253 LAKEVIEW DR.
CORAL SPRINGS, FL 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE COMPUTER REPAIR AND SERVICES.

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES OF COMMON STOCK @ 1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GUCLU GENCYIGIT
11253 LAKEVIEW DR.
CORAL SPRINGS, FL 33071
PRESIDENT, OFFICER

ARTICLE VI REGISTERED AGENT

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

GUCLU GENCYIGIT
11253 LAKEVIEW DR.
CORAL SPRINGS, FL 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GUCLU GENCYIGIT
11253 LAKEVIEW DR.
CORAL SPRINGS, FL 33071

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

Date

Signature/Incorporator

Date