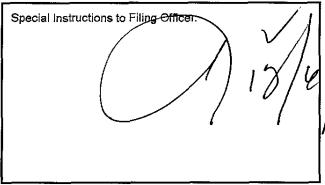
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LAZARUS CORPORATE FILING SERVICE

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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2.00 Certified Copy Mail out **□** Will wait ■ Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Other Merger REGISTRATION/QUALIFICATION **OTHER FILINGS** Annual Report Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

TekWiZI Inc

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ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

650 SW 64 AVE

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Rocky Rodriguez 650 SW 64 AVE viani, FL 33144

<u>ARTICLE V - INCORPORATOR</u>

The name and street address of the incorporator to these Articles of

Incorporation is:	50 SW	64 Ave 33144	ROCKY	Rodviguez
The undersigned inc Incorporation this		cember 200		
	ARTICLE VI- D			
The name(s) and strandictes of Incorpora President: R Vice president: L	ition is (are):		s) to these STATE FLORIDA	S DEC -5 PH 12: 57

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature