P07000115948

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing C	Officer:
Tara	
AUTHORIZATION BY PH	GAVE
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SECRETARY OF STATE

FILED

D. WASTE OCT 23 2007.

COVER LETTEŘ

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

SUBJECT: TEC	H SYSTEMS UNL	IMITED INC.	
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>ude suffix</u>)
Enclosed are an orig	inal and one (1) copy of the ar	ticles 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 CO	PPY REQUIRED
FROM: G	ARY M WHYTE	e (Printed or typed)	
<u>:</u>	4877A HAWKWOO	DD DRIVE Address	
-	BOYNTON BEACH	H FLORIDA 334 , State & Zip	36
<u>!</u>	954-914-8332 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)

ARTICLE I NAME

The name of the corporation shall be:

TECH SYSTEMS UNLIMITED INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4877A HAWKWOOD DRIVE, BOYNTON BEACH, FL. 33436.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: COMMUNICATIONS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GARY M WHYTE 4877A HAWKWOOD DRIVE, BOYNTON BEACH, FLORIDA, 33436. PRESIDENT. FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE VI	REGISTERED AGENT	•	
The name and Flori	ida street address (P.O. Box	NOT acceptable) of the registe	red agent is:
GARY M WHYTE			
4877A HAWKWOO	OD DRIVE,		
BOYNTON BEACH	1,		
FLORIDA 33436.			
ARTICLE VII	INCORPORATOR		
The name and addr	ress of the Incorporator is:		
GARY M WHYTE			
4877A HAWKWOO			
BOYNTON BEACH	ł,		
FLORIDA33436.			
******	**********	*********	*********
			oration at the place designated in this
certificate, I am familiai	with and accept the appointment of	as registered agent and agree to act it	this capacity
St	thyle		10.15.2007
Signature	Registered Agent		Date
_Gh	llyla		· F005.21.01
Signature	/Incorporator		Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA