Page 1 of 1

### Florida Department of State

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Division of Corporations

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### FLORIDA PROFIT/NON PROFIT CORPORATION

TECHSQUAD ENTERPRISES, INC.

| Certificate of Status | 0       |
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3/12/2008

# ARTICLES OF INCORPORATION OF

Techsquad Enterprises, Inc.

The undersigned, for the purpose of forming a corporation under the FLORIDA GENERAL CORPORATION ACT hereby adopts the following Articles of Incorporation:

ARTICLE ONE NAME

The name of the corporation is: Techsquad Enterprises, Inc.

ARTICLE TWO

The term of existence of the corporation is perpetual.

ARTICLE THREE PURPOSE

The corporation may transact any and all lawful business for which corporations may be incorporated under the laws of the STATE OF FLORIDA.

ARTICLE FOUR CAPITAL STOCK

The maximum number of shares which the corporation has authority to issue is 100 all of which shall be common shares with a par value of \$1.00

ARTICLE FIVE REGISTERED OFFICE

The street address of the initial registered office of the corporation shall be:

19131 Huckavalle Rd Odessa, FL 33556

The name of the initial registered agent at such address is:

Julien Annono

# ARTICLE SIX REGISTERED AGENT ACCEPTANCE

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

Julien Almonor

ARTICLE SEVEN PRINCIPAL OFFICE

The principal office of the corporation shall be:

19131 Huckavalle Rd Odessa, FL 33556

ARTICLE EIGHT PRE-EMPTIVE RIGHTS

The shareholders shall have pre-emptive rights.

ARTICLE NINE DIRECTORS

The board of directors of the corporation shall consist of at least one member. The name and address of the initial director of the board is:

NAME: Julien Almonor

ADDRESS: 19131 Huckevalle Rd Odessa, FL 33556

## ARTICLE TEN INCORPORATOR

The name and address of the incorporator is: NAME: Julien Almonor ADDRESS: 19131 Huckavalle Rd Odessa, FL 33556 In witness whereof, I have subscribed my name this 2008 STATE OF FLORIDA : SS COUNTY OF PINELLAS : \_ day of \_\_\_\_MARCH\_\_\_\_, 2008\_, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared: Julien Almonor known by me personally or furnishing the following identification: \_\_\_\_\_, to be the person whose name is subscribed, to the within instrument and acknowledged that they executed the same for the purpose therein contained. IN WITNESS WHEREOF, I hereunto set my hand official seal

MY COMMISSION EXPIRES:

STATE OF FLORIDA AT LARGE