

711000031112

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000081750 3)))



H110000817503ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
TECSORB MEXICO USA, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR 29 AM 11:29

FILED

RECEIVED
11 MAR 29 PM 1:17
DIVISION OF CORPORATIONS

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: **TECSORB MEXICO USA, INC**

ARTICLE II PRINCIPAL OFFICE
Principal street address
1947 Hillmoor Drive
Port St Lucia, FL 34952

Mailing address, if different is:
Same

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL ACTIVITIES

ARTICLE IV SHARES
The number of shares of stock is: **1000 Shares - One Dollar par value**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Julietta Victoria Martinez-Director**
Address: **1947 Hillmoor Drive**
Port St Lucia, FL 34952

Name and Title: **Mario Ravelo Vela-Director**
Address: **1947 Hillmoor Drive**
Port St Lucia, FL 34952

Name and Title: **Alicia E. Martinez-Director**
Address: **1947 Hillmoor Drive**
Port St Lucia, FL 34952

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

Name: **Alicia E. Martinez**
Address: **1947 Hillmoor Drive**
Port St Lucia, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: **Alicia E. Martinez**
Address: **1947 Hillmoor Drive**
Port St Lucia, FL 34952

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



Required Signature/Registered Agent

03-28-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

03-28-11

Date

2011 MAR 29 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED