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SECRETARY OF SIATE TALLAHASSEE, LORIO

5629-11

COVER LETTER

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

SUBJECT: Techwork Services, Inc	C.		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an original and one (1) copy of the art	icles of incorporation an	d a check for:	
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
ADDITIONAL COPY REQUIRED			
	e (Printed or typed)		
4958 Cross Pointe Drive	Address		
Oldsmar, FL 34677	State & Zip	201 35.	
727-489-2119			
Daytime To	Celephone number d for future annual repor	2011 APR 28 PM 2: 3 SECRIFICATION ALLAMASSEE FLORM Inotification)	

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 The name of the corp	NAME Techwork Services, Incoration shall be:	C.	
34	PRINCIPAL OFFICE Principal street address 38 East Lake Road STE 14 PMB 664 alm Harbor, FL 34685		gaddress, if different is:
	PURPOSE ich the corporation is organized is: nation technology consulting produc	cts and services to c	ompanies
ARTICLE IV :		DRS	
Name and Tit Address:	le: Paul McEwan CIO 4958 Cross Pointe Drive Oldsmar, FL 34677	Address:	
Name and Tit Address:	le:	Address:	
Name and Titi Address:	le:	Address:	
	REGISTERED AGENT		
The <u>name and Flor</u> Name: Address:	ida street address (P.O. Box NOT acceptable) Ken McEwan 16211 Ivy Lake Drive Odessa, FL 33556	<u></u>	2011 APR SECRETA
	INCORPORATOR ress of the Incorporator is:		\$\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
Name: Address:	Paul McEwan 4958 Cross Pointe Drive Oldsmar, FL 34677		EFICAL C
Having been named this certificate, I am	d as registered agent to accept service of proc familiar with and accept the appointment as r Children Signature/Registered Agent	egistered agent and agree t	rporation at the place designated in
I submit this docum	Required Signature/Registered Agent ment and affirm that the facts stated herein a fortment of State constitutor a third degree felo	re true. I am aware that t	Date / Date /
<u> </u>	Required Signature/Incorporator		Date /