

P11000095074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

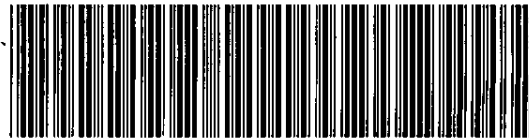
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CORRECTED MISPELLING IN  
CORPORATE NAME PER  
TELEPHONE CONVERSATION  
WITH JOSE A. GOMEZ,

K 11/01/11

Office Use Only



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10/31/11--01015--007 \*\*78.75

RECEIVED  
11 OCT 31 AM 9:39  
TALLAHASSEE, FLORIDA

K 11/02/11

## COVER LETTER

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

SUBJECT: **24/7 THECHINITIANS INC**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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 COPY REQUIRED**

FROM: **JOSE ARIEL GOMEZ**

Name (Printed or typed)

**12675 SW 190 TERRACE**

Address

**MIAMI, FL, 33177**

City, State & Zip

**3059108370**

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

**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** 24/7 TECH NICIANS INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
12675 SW 190 TERRACE, MIAMI, FL, 33177

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TECHNICAL SUPPORT

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JOSE ARIEL GOMEZ, PRESIDENT Name and Title: \_\_\_\_\_  
Address: 12675 SW 190 TERRACE, MIAMI, FL, 33177 Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

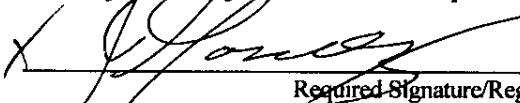
Name: JOSE ARIEL GOMEZ  
Address: 12675 SW 190 TERRACE, MIAMI, FL, 33177

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOSE ARIEL GOMEZ  
Address: 12675 SW 190 TERRACE, MIAMI, FL, 33177

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

X   
Required Signature/Registered Agent

10/26/11  
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.

X   
Required Signature/Incorporator

10/26/11  
Date

11 OCT 31 AM 9:00  
TALLAHASSEE, FLORIDA