## P13000074675

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Ĉit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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09/09/13--01017--019 \*\*78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

## **COVER LETTER**

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

SUBJECT: I EM	(NO SHOP COF		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation an	d 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	OPY REQUIRED
FROM: R	OSA GIRALDO	e (Printed or typed)	
15	5680 SE 106TH		
		Address	
M	IAMI, FLORIDA		·
30	05-321-6799	, State & Zip	
A	NACALAFELL@		
	E-man address; (to be use	ed for future annual report	nouncauou)

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)

SECRETARY OF STA

he name of the corporation shall be: TEKNO SHOP CORP		DIVISION OF CORPORATION:	
<b>ARTICLE II PRI</b>	NCIPAL OFFICE Principal street address H LANE # 812		Mailing address, if different is:  6 NW 94TH AVE
MIAMI, FL 3	190	<u> </u>	RAL, FL 33172-2342
ARTICLE III PUR. The purpose for which to	POSE the corporation is organized is:	F COMPU	TER SOFTWARE ,
HARDWARI	E AT WHOLESALE A	ND RET	AIL.
<del></del>			
	. , , , , , , , , , , , , , , , , , , ,		<u> </u>
ARTICLE IV SHA	RES		
The number of shares of	stock is:	<del></del>	
ARTICLE V INIT	<u>TAL OFFICERS AND/OR DIRECTOR</u> ROSA GIRALDO-DIRECTOR	<b>RS</b> Name and Titl	ę.
Address	15680 SE 106TH LANE	_ Address:	
	# 812		
	MIAMI, FL 33196	<del>-</del>	
Name and Title:		Name and Titl	e:
Address	<u> </u>	_ Address:	
		_	
		_	
Name and Title:		Name and Titl	e:
Address	<u>,                                      </u>	_ Address:	
		_	

## FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

(conti.)

Name and	i Title:	2113 SEP -9 Name and Title:	PM 12: 4.1	
Address		Address:		
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	Ana Calafell			
Address:	7621 NW 2nd St			
,	Miami, FI 33126			
ARTICLE VII	INCORPORATOR			
The name and ad	dress of the Incorporator is:			
Name:	Rosa Giraldo			
Address:	15680 SE 106th Lane # 812			
	Miami, FI 33196			
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				
1	walfell.		09/02/2013	
	Required Signature/Registered Agent		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.				
-	Rosa Eivale		09/02/2013	
	Required Signature/Incorporator		Date	