

PI4000087745

(Requestor's Name)

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☐ PICK-UP

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14 OCT 27 PM 3:20
DEPT. OF STATE
TALLAHASSEE, FLORIDA

11/14/14 63639

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2014

ANTONIO MATSUOKA
4820 NE 12TH AVE.
FORT LAUDERDALE, FL 33334

SUBJECT: TECH SUPPORT SOLUTIONS, INC
Ref. Number: W14000063639

We have received your document for TECH SUPPORT SOLUTIONS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

The complete signature is required for the Registered Agent and the Incorporator.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 414A00022411

COVER LETTER

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

SUBJECT: **TECH SUPPORT SOLUTIONS , 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **ANTONIO MATSUOKA**
Name (Printed or typed)
4820 NE 12TH AVE
Address
FORT LAUDERDALE , FL 33334
City, State & Zip
954-918-9033
Daytime Telephone number
SANDRAMATSUOKA@MSN.COM
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

The name of the corporation shall be: TECH SUPPORT SOLUTIONS , INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

4820 NE 12TH AVE

FORT LAUDERDALE , FL 33334

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTONIO MATSUOKA- P

Address: 4820 NE 12TH AVE
FORT LAUDERDALE , FL 33334

Name and Title: SUSI MATSUOKA- VP

Address: 4820 NE 12TH AVE
FORT LAUDERDALE , FL 33334

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

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: SANDRA MATSUOKA
Address: 4820 NE 12TH AVE
FORT LAUDERDALE , FL 33334


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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SANDRA MATSUOKA
Address: 4820 NE 12TH AVE
FORT LAUDERDALE , FL 33334

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

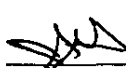
 Sandra Matsuoka

Required Signature/Registered Agent

10/22/2014

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.

 Sandra Matsuoka

Required Signature/Incorporator

10/22/2014

Date