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DIVISION OF CORPORATIONS

15 JAN 12 PM L: 3L

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COVER LETTER

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

SUBJECT: TEC	CHAUS, INC	TO NUMBER OF BLOW	HAR OHERWA
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	ODE SUFFIX
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	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
	i	ADDITIONAL COPY REQUIRED	
10			

ROM: JUHN TUCKER
Name (Printed or typed)
4583 SANTIAGO LANE
Address
BONITA SPRINGS FL 34134
City, State & Zip
239-221-7245
Daytime Telephone number
esdcomm@me.com E-mail address: (to be used for future annual report notification)
E-mail aggress. (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)

The name of the corpor	TECHAUS, INC		
	INCIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:
BONITA SPI	RINGS FL 34134	SAN	ΛE
RTICLE III PUF he purpose for which	RPOSE the corporation is organized is:	AND ALL L	EGAL PURPOSES
			01V18
			JAN 12
		· · · · · · · · · · · · · · · · · · ·	PH 4: 34
	IAL OFFICERS AND/OR DIRECTOR	 8 <u>s</u>	••
Name and Title	JOHN TUCKER, PRES	_ Name and Title	MICHAEL UNLAND, VP
Address	4583 SANTIAGO LN	_ Address:	701 PINE CONE LN
	BONITA SPRINGS FL 34134	-	NAPLES, FL 34104
Name and Title:		Name and Title	:
Address			
		,	
Name and Title:_		Name and Title:	
Address _		Address:	
-		-	

Name	and Title:	Name and Title:	
Addre	ss	Address:	
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of JOHN TUCKER	the registered agent is:	_
Name:	4583 SANTIAGO LANE		SE DIVIS
Address:	BONITA SPRINGS FL 34134		SION O
ARTICLE VII The name and a Name: Address:	INCORPORATOR ddress of the Incorporator is: JOHN TUCKER 4583 SANTIAGO LANE		OF STATE OF STATE OF STATE OR STATE OR STATE OR STATE OR STATE OR STATE OF
Having been nar this certificate, I	BONITA SPRINGS FL 34134 med as registered agent to accept service of process j am familiar with and accept the appointment as regis	for the above stated corporati stered agent and agree to act	ion at the place designated in in this capacity
John	Required Signature/Registered Agent	- 	1-6-15 Date
I submit this doc document to the	Required Signature/Registered Agent rument and affirm that the facts stated herein are tr Department of State constitutes a third degree felony Required Signature/Incorporator	ue. I am aware that the falso	e information submitted in a
[]	Required Signature/Incorporator		Date