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(Requestor's Name)				
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PICK-UP	MAIT WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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SECRETARY OF STALE

02/02/15

COVER LETTER

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

SUBJECT:	Technology Cell Corp.				
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l 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 o Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:		nio Cruz			
	2520 Coral W	ay Suite# 204	1 5		
		Address			
<u></u>	Miami, FL 33145				
	City	State & Zip			
	Daytime 1	Celephone number			
		5@gmail.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 II PR	RTICLE I NAME te name of the corporation shall be: Technology Cell Co RTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:		
2520 Coral Way Suite# 2045					
Miami, FL 33	3145				
ARTICLE III PUR The purpose for which	RPOSE the corporation is organized is:	one Sales			
			SECRETON IS JAN		
			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	ARES 1000 Shares @ 1.00 par v		ARY OF STATE OF CORPORATION 26 PM 3: 4		
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR	<u>s</u>	PH 3: 49		
ARTICLE V INI Name and Titl	tial officers and/or director e: Antonio Cruz(Pres&Sec)	S Name and Title:	PH 3: 49		
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR	S Name and Title:	PH 3: 49		
ARTICLE V INI Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR e. Antonio Cruz(Pres&Sec) 2520 Coral Way Suite 2045	S Name and Title: Address:	PH 3: 49		
ARTICLE V INI Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR e: Antonio Cruz(Pres&Sec) 2520 Coral Way Suite 2045 Miami, FL 33145	S Name and Title: Address: Name and Title: Address:	PH 3: 49		
Name and Title Address Name and Title Address	Antonio Cruz(Pres&Sec) 2520 Coral Way Suite 2045 Miami, FL 33145	S Name and Title: Address: Name and Title: Address:	PM 3: 49		

Name and	f Title:	Name and Title:	
Address		Address:	
- .	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of Antonio Cruz (Pres & Sec)	the registered agent is:	
Name:	2520 Coral Way Suite 2045		
Address:	Miami, FL 33145		SECRE DIVISION 15 JAN
ARTICLE VII	INCORPORATOR		FIL OF C
The name and ad	dress of the Incorporator is:		PH
Name:	Antonio Cruz (Pres & Sec)		Siali Sialio
Address:	2520 Coral Way Suite 2045		9 🐰
	Miami, FL 33145		
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg		
	atorii Com		01/20/2015
Required Signature/Registered Agent			Date
	ument and affirm that the facts stated herein are i Department of State constitutes a third degree felony		
a	Required Signature/Incorporator		01/20/2015
	Required Signature/Incorporator		Date