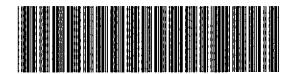
91500022830

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ry/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificate		es of Status			
Special Instructions to Filing Officer:					

Office Use Only



100270254761

03/06/15--01004--007 **78.75

FILEU

15 MAR -6 PH 1: 04

15 MAR -6 PH 1: 04

3/10/15

COVER LETTER

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

2

SUBJECT: ACTEC CORPORATION					
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
	7				
\$70.00 \$78.75 \$87.50					
Filing Fee Filing Fee,					
& Certificate of Status					
Status					
ADDITIONAL COPY REQUIRED	1				
	لـ				
FROM: AVTEZ CORPORATION Name (Printed or typed)					
Name (Printed or typed)					
11263 Lake Mandarin Circle Drive East					
Address					
- All Control of the Control of th	1				
Jacksonville Florida 32223					
904-651-5818	, E				
Daytime Telephone number rhalls@comcast.net					
					
rhalls@comcast.net	2				

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 c	NAME AVTEZ CORPORATION orporation shall be:	l	FILED
ARTICLE II	PRINCIPAL OFFICE		15 HAD -
	Principal street address	Mailing a	address, if different is: 6 PH 1:
	11263 Lake Mandarin Circle Drive East		SECRETION
į	Jacksonville, FL 32223		MILATIANAL DE STAT
			SECRETARY OF STAT
ARTICLE III			
	which the corporation is organized is:		
Web Hosting			
Web Design			
Sales			
marketing			
Management	ala mana ant		
Software Deve	siopment SHARES		
	ares of stock is:10000000		•
The Harmon of Six	100 01 3100K 1017 0 0 0 0 0 0		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	S	
Name and 7	l'itle:Renrick A. C. Halls / Chairman, President & CEC	Name and Title:	
Address:	11263 Lake Mandarin Circle Dr E		
	Jacksonville FL 32223		
Name and T	Fitle:	Name and Title:	
Address:	 	Address:	
Manage 2 7	541	Name and Title.	
Address:	Fitle:		
Address.			-
	-	 	
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Renrick Halls		
Address:	11263 Lake Mandarin Circle E	=	
	Jacksonville FL 32223	=	
		_	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ad	Idress of the Incorporator is:		
Name:	Renrick Halls	•	
Address:	11263 Lake Mandarin Circle E	_	
	Jacksonville FL 32223	_	
	ned as registered agent to accept service of process		
this certificate, I a	im familiar with and accept the appointment as regi	istered agent and agree to t	act in this capacity
			03/02/2015
	Required Signature/Registered Agent		Date
		_	
	iment and affirm that the facts stated herein are		
document to the L	epartment of State constitutes a third degree felony	as provided for in s.817.1	55, F.S.
<i>\</i>			
عليد التاريخ			03/02/2015

Required Signature/Incorporator