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Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : 120000000088
Phone : (800) 221-0102
Fax Number : (800) 944-6607

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
TENGO CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Corporate Filing Menu

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

From:

04/08/2015 01:03

#591 P.002/003

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04/08/15 12:57PM HPFAX 5618456441 Page 1

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Pro61)

ARTICLE I NAME

The name of the corporation shall be:

TENGO CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address:

67 Walnut Avenue, Suite 203

Clark, NJ 07066

Mailing address, if different is:

c/o Kneeples, Horvitz & Associates, LLC, CPAs

67 Walnut Avenue, Suite 203

Clark, NJ 07066

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful activity

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Jeffrey Cole, Director**

Address:

c/o Kneeples, Horvitz & Associates, LLC, CPAs

7 Walnut Avenue, Suite 203

Clark, NJ 07066

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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04/08/2015 01:04

#591 P.003/003

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04/08/15 12:57PM HPFAX 5618456441 Page 2

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: National Corporate Research, Ltd., Inc.
Address: 185 Office Plaza Drive
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeffrey Cole, Director
Address: c/o Kleophas, Harris & Associates, LLC, CPAs
87 Walnut Avenue, Suite 201, Clark, NJ 07066

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.

Am Marie Curran, ASA SECRETARY 4/8/2015
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I was 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.

Jeffrey Cole 04/08/15
Required Signature/Incorporator Date

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