P15000051994

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COVER LETTER

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

SUBJECT: —	Torida Tech Die	stribution	Corb.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>ude suffix</u>)	
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	
		ADDITIONAL CO	PPY REQUIRED	
FROM:	Elga Joha Name			
17063 NW 23rd St				
Pembro Le Pines Pl 33028 City, State & Zip				
754-205-4268 Daytime Telephone number				
Dohana Leon Ve @ me. com E-mail address: (to be used for future annual report notification)				

NOTE: Please provide the original and one copy of the articles.



May 28, 2015

ELGA JOHANA LEON 17053 N.W. 23RD ST. PEMBROKE PINES, FL 33028

SUBJECT: FLORIDA TECH DISTRIBUTION CORP.

Ref. Number: W15000037735

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

Please complete Article(s) I - THE NAME OF THE CORPORATION.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

The registered agent must sign accepting the designation.

You must list at least one incorporator with a complete business street address.

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

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Maryanne Dickey Regulatory Specialist II New Filing Section

www.sunbiz.org

Letter Number: 715A00011224

Division of Cornerations - PO ROY 6327 Tallahassaa Florida 32314

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

The name of the corporation shall be: Florida lec	ch distribution Corp.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
9737 NW 41st St	9737 NW 41st St
Doral FL 33178	Urral FL 33178
ARTICLE III PURPOSE The purpose for which the corporation is organized is: OSINESS	and all Lawful
	· 07
	S ₁ O1
	5 N
	24
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: Elga Johana Leon-PDS	Hame and Title:
Address 17053 NW 23rd 5+	
Pembroke Pines EL 330	28
Name and Title:	Name and Title:
Address	
Address	Auditos.
Name and Title:	Name and Title:
Address	Address:

Address		Address:	
	STERED AGENT street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Lubia Henriquez		
Address:	254 NW 58th St		ers - march
	Miami - Fl 33166	_	
ARTICLE VII INCO	RPORATOR		ist of the second
The <u>name and address</u>			
Name:	Elga Johana Lear	<u>)</u>	<u> </u>
Address:	17053 NW 236d S Pembooke Pines, FC 3	4	
ARTICLE VIII EFF Effective date, if other to (If an effective date is days after the filing.)	ECTIVE DATE:	(OPTIONAL	
	ed in this block does not meet the applicable edate on the Department of State's records.		s, this date will not be listed as
	registered agent to accept service of proces niliar w ith and accept the appointment as re		
Dustr	hu		5/20/15
	Required Signature/Registered Agent		Date
locument to the Depart	and affirm that the facts stated herein are ment of State constitutes a third degree felo		
Required Sig	nature/Incorporator		/ Date /

Name and Title:______ Name and Title:_____