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COVER LETTER

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

SUBJECT:	ANDOTECH INDUS (PROPOSED CORPORA	TRIES INC		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	
(m) 4m0 00	51 and 50			
\$70.00	\$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
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	·	ADDITIONAL CO	ADDITIONAL COPY REQUIRED	
•				
		•	,	
FROM: C	CANDOTECH INDU Name	STRIES INC		
	Name	(Printed or typed)		
	,			
	845 N. MLK Jr.	BLVD, #338	12	
		Address		
-	TALLAHASSEE F	L- 32315 -33	82	
_ _	City,	State & Zip		
•	850-219-88	ደ 7		
 -	<u>850 – 219 – 88</u> Daytime T	elephone number		
4		_		
	RAJA. SHEKHAR	· @ CANDOTECHO	CONSULTING. COM	
	E-mail address: (to be use	d 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)

	<u>CIPAL OFFICE</u> Principal <u>street</u> address	M	ailing address, if different is:
NOOTECH	INDUSTRIES INC		arting address, it different is:
45 N. r	NLK JR. BLVD, #3382		
ALLAHASS	EE, FL-32315-3382		
CLE III PURPO	<u>OSE</u>		
	the corporation is organized is:		
ACTIVITI	ES PER USA LAWS	, KULES	AND REQULATE
		-	
			•
CLE IV SHAR	ES f stock is: 50 000		
aumber of shares of			
	I SLOCK IS. JO OOD		
CLE V INITI	AL OFFICERS AND/OR DIRECTORS	Non-and Tide	
CLE V INITI, Name and Titl	al officers and/or directors 10: RATA SHEKHAR D		
ICLE V INITI	AL OFFICERS AND/OR DIRECTORS		
ICLE V INITI, Name and Titl	al officers and/or directors 10: RATA SHEKHAR D	_ Address: _	
CLE V INITI, Name and Titl	ALOFFICERS AND/OR DIRECTORS C: RATA SHEKHAR D 1034 HIGH MEADOW OF	_ Address: _	
CLE V INITI, Name and Titl	ALOFFICERS AND/OR DIRECTORS C: RATA SHEKHAR D 1034 HIGH MEADOW OF	_ Address: _	
CLE V INITI, Name and Titl	AL OFFICERS AND/OR DIRECTORS IC: RATA SHEKHAR D 1034 HIGH MEADOW OF TALLAHASSEE, FL-3231	_ Address: _	
Name and Titl Address	AL OFFICERS AND/OR DIRECTORS IC: RATA SHEKHAR D 1034 HIGH MEADOW OF TALLAHASSEE, FL-3231	_ Address:	
CLE V INITIAN Name and Title Address Name and Title	ALOFFICERS AND/OR DIRECTORS C. RATA SHEKHAR D LO34 HIGH MEADOW OF TALLAHASSEE, FL-3231	Address: _	
CLE V INITIAN Name and Title Address Name and Title	ALOFFICERS AND/OR DIRECTORS C. RATA SHEKHAR D LO34 HIGH MEADOW OF TALLAHASSEE, FL-3231	Address: _	; 7 ; 7
Name and Titl Address Name and Title	ALOFFICERS AND/OR DIRECTORS C. RATA SHEKHAR D LO34 HIGH MEADOW OF TALLAHASSEE, FL-3231	Address: _	
CLE V INITIA Name and Title Address Name and Title Address	ALOFFICERS AND/OR DIRECTORS C. RATA SHEKHAR D LO34 HIGH MEADOW OF TALLAHASSEE, FL-3231	Address: _ Name and Title: Address:	17 H.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A
CLE V INITIANAME AND Title Address Name and Title Address Name and Title	AL OFFICERS AND/OR DIRECTORS C. RATA SHEKHAR D LO34 HIGH MEADOW OF TALLAHASSEE, FL-3231	Address: Name and Title: Address:	
Name and Title Address Name and Title Address	ALOFFICERS AND/OR DIRECTORS C. RATA SHEKHAR D LO34 HIGH MEADOW OF TALLAHASSEE, FL-3231	Address: Name and Title: Address:	

Name and 11	tie:	Name and Title:	
Address		Address:	
RTICLE VI REC	GISTERED AGENT		
ne <u>name and Flori</u>	da street address (P.O. Box NOT acceptable) of the registered agent is:	
Name: _	RAJA SHEKHAR	- ·: ,	
Address: _	1034 HIGH MEADOW OF		
=	TALLAMASSEE, FL-323	<u>II </u>	
RTICLE VII INC	<u>CORPORATOR</u>		
he <u>name and addr</u>	ess of the Incorporator is:		
Name:	RAJA SHEKHAR		
Address:	1034 HIGH MEADOW	<u>o</u> r	
٠	TALLAHASSEE, FL-3	23.11	
ffective date, if oth	FFECTIVE DATE: our than the date of filing:	(OPTIONAL)) ss days prior or 90 business
	serted in this block does not meet the applica ctive date on the Department of State's recor		s, this date will not be listed as
Iaving been named his certificate, I am	l as registered agent to accept service of pro familiar with and accept the appointment a	cess for the above stated corpor registered agent and agree to a	ration at the place designated in act in this capacity
ſ	Raja Shekhar		03/12/2017
	Required Signature/Registered Agent		Date
submit this docun ocument to the De	nent and affirm that the facts stated herein partment of State constitutes a third degree f	are true. I am aware that the f elony as provided for in s.817.1;	Calse information submitted in a 55, F.S.
7	Raja Shekhar		03/12/2017
Required	Paja Shekthar 1 Signature/Incorporator	-1-U	Date