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APR 2 4 2017

COVER LETTER

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

SUBJECT:	TECH CONSULTIES, INC.		
301,61	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
	•		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee	\$87.50 Filing Fee,
•	& Certificate of Status	& Ce tified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
"FROM:	TECH CONSULTIES Name 9217 SW 227 St. Unit	(Printed or typed)	
		Address	
	Cutler Bay , Fl. 33		
	City,	State & Zio	
(-	305) 418-5789		
· · · · · · · · · · · · · · · · · · ·		elephone number	
	12-mail address: (to be used	for future annual report r	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)

<i>CLE II PRINCIPA</i> Prir NEY HERNANDE	c pal street address		N	Mailing address	s, if differen	t is:
9217 SW 227 S	st. Unit# 12					
Cutler Bay, I	r1. 3319 C		· · ·			
CLETT PURPOSE		COMPILE	R Electro	nics		
CLE III PURPOSE urpose for which the co	orporation is organiz	zed is:				
•						
,						· · ·
	•			<u>-</u>		
	-					
imber of shares of stock		DIRECTORS				
umber of shares of stock	FFICERS AND/OR	DIRECTORS		Presid	ent	
CLE U INITIAL O Name and Title:	FFICERS AND/OR NEY HERNAN	DIRECTORS NDEZ	Name and Title:	Presid	ent	
CLE IV SHARES umber of shares of stock CLE IV INITIAL O Name and Title: Address	FF <u>ICERS AND/OR</u> NEY HERNAN	DIRECTORS NDEZ	Name and Title:	Presid	ent	
CLE U INITIAL O Name and Title:	FFICERS AND/OR NEY HERNAN	DIRECTORS NDEZ	Name and Title:	Presid	ent	
mber of shares of stock CLE U INITIAL O Name and Title:	FFICERS AND/OR NEY HERNAN	DIRECTORS NDEZ	Name and Title:	Presid	ent	
mber of shares of stock CLE U INITIAL O Name and Title: Address	FFICERS AND/OR NEY HERNAN 9217 SW 22 Cutler Bay	DIRECTORS NDEZ 7 St Unit /	Name and Title: 12 Address:			
CLE U INITIAL O Name and Title:	FFICERS AND/OR NEY HERNAN 9217 SW 22 Cutler Bay	DIRECTORS NDEZ 7 St Unit /	Name and Title: 12 Address:			
Name and Title:	FFICERS AND/OR NEY HERNAN 9217 SW 22 Cutler Bay	DIRECTORS IDEZ 7 St Unit /	Name and Title: 12 Address: Name and Title:			
Name and Title: Name and Title:	FFICERS AND/OR NEY HERNAN 9217 SW 22 Cutler Bay	DIRECTORS IDEZ 7 St Unit /	Name and Title: 12 Address: Name and Title:			277
Name and Title:	FFICERS AND/OR NEY HERNAN 9217 SW 22 Cutler Bay	DIRECTORS IDEZ 7 St Unit /	Name and Title: 12 Address: Name and Title:			
Name and Title:	FFICERS AND/OR NEY HERNAN 9217 SW 22 Cutler Bay	DIRECTORS NDEZ 27 St Unit /	Name and Title: 12 Address: Name and Title:			- 27 යා
Name and Title: Name and Title: Address Address	FFICERS AND/OR NEY HERNAN 9217 SW 22 Cutler Bay	DIRECTORS NDEZ 7 St Unit /	Name and Title: 12 Address: Name and Title: Address:			3
Name and Title: Name and Title:	FFICERS AND/OR NEY HERNAN 9217 SW 22 Cutler Bay	DIRECTORS NDEZ 7 St Unit /	Name and Title: 12 Address: Name and Title: Address:			- 27 යා

Name and Title:	Mame and Title:	
Address	/.ddress:	
		,
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Bo	NOT acceptable) of the registered agent is:	
	ox 1101 acceptable) of the registered agent is.	
Name: NEY HERNANDEZ 9217 SW 227 St. Unit	# 12	
Address Cutler Bay, Fl. 331	**	
		•

,		
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: NEY HERNANDEZ		
9217 SW 227 St.	00	<u> </u>
Address Cutler Bay, Fl. 331	92	
		5
ARTICLE VIII _EFFECTIVI: DATE:		
	. (OPTIONAL) oe specific and cannot be more than five busines	1
(If an effective date is listed, the date must b days after the filing.)	e specific and cannot be more than five busines	ss days prior or 90 business
	•	
Note: If the date inserted in this block does not the document's effective date or the Department.	ot meet the applicable statt tory filing requirements	s, this date will not be listed as
the document's effective date of the Departme	in of State's records.	
Having been named as registered agent to acc	cept service of process for the above stated corpor	ation at the place designated i
this certificate, I am familiar with and accept the	he appointment as registered agent and agree to a	ct in this capacity
ENH /		
Rem red Signature/	Registered Agent	Date
	The second secon	
I submit this document and affirm that the fa	icts stated herein are true. I am aware that the fa es a third degree felony as provided for in s.817.15	alse information submitted in
(A 11)		J, 1 .J.
Required Signature/Ineorporator		Date