Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000130945 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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

Fmail	Address:			
	MUUN COO.			

## FLORIDA PROFIT/NON PROFIT CORPORATION TMK USA CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

MAY. 15 2016

T. SCOTT

1

01/09/2013 03:52

Н17000130945

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

THE halfie of the corporation is.	
TMK USA CORP	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
7884 NW 46 ST. DORAL FLORIDA	
33166.	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
ALAIN MORENO (P)	
JUAN MANUEL TOMASELLO (VP)	
Juan 2055 Tanastello (VP)	
MARTIN CRISTIAN KONOVAL (VP)	=
	12
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	A 00
The name and Florida street address (PO Box not acceptable) of the registered agent is:	08.00 17.1.E 9.4.6
Algin Moreno	7
7884 NW 46 ST	
Doral Florida 33164	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Alain Moreno	
7884 NW 46 ST	
Docal Florida 33166	

H17000130945

## Required Signatures:

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

Registered Agent

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

Incorporator

H17000130945