

# PI7000086855

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

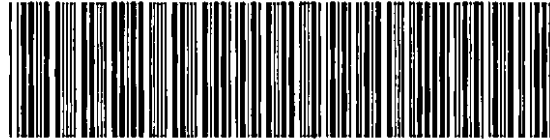
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 27 2017



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10/26/17--01013--003 \*\*78.75

17 OCT 26 PM 2:00  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Tek Fluid Power Management Co.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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 COPY REQUIRED**

**FROM:** Kathleen Diedrich

\_\_\_\_\_  
Name (Printed or typed)

1250 Barclay Blvd

\_\_\_\_\_  
Address

Buffalo Grove, IL 60089

\_\_\_\_\_  
City, State & Zip

877-894-0073

\_\_\_\_\_  
Daytime Telephone number

dherbert@pirtekhsoc.com

\_\_\_\_\_  
E-mail address: (to be used 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)

FILED  
17 OCT 26 PM 2:11

**ARTICLE I NAME**

The name of the corporation shall be: Tek Fluid Power Management Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

285 W Central Pkwy, #1722

Altamonte Springs, FL 32714

Mailing address, if different is:

PO Box 160863

Altamonte Springs, FL 32716

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to act as a management company

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: David Herbert

Address: PO Box 160863

Altamonte Springs, FL 32716-p

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: David Herbert  
Address: 285 W Central Pkwy, #1722  
Altamonte Springs, FL 32716

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: David Herbert  
Address: PO Box 160863  
Altamonte Springs, FL 32716

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ALTAMONTE SPRINGS, FLORIDA

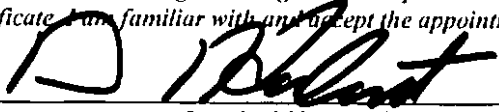
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

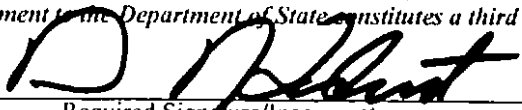
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

10-13-17  
Date

*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.*



Required Signature/Incorporator

10-13-17  
Date