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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : PEDRO LUZQUINOS  
Account Number : 120170000042  
Phone : (954)655-8413  
Fax Number : (954)432-8807

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

Email Address: PLUZQUINOSF@HOTMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
TEKMAX CORP

Certificate of Status	0
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## COVER LETTER

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

SUBJECT: TEKMAX CORP

(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: ALAN STABINSKI MILLER

Name (Printed or typed)

8600 NW 64TH ST STE 4

Address

MIAMI, FL 33166

City, State &amp; Zip

305-213-0489

Daytime Telephone number

PLUZQUINOSF@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: TEKMAX CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address8600 NW 64TH ST STE 4MIAMI, FL 33166

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALAN STABINSKI MILLER (P)Address: 8600 NW 64TH ST STE 4MIAMI, FL 33166

Name and Title:

Address:

Name and Title: MARIA G. SANCHEZ (T)Address: 8600 NW 64TH ST STE 4MIAMI, FL 33166

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TAMPA, FL 33601

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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: ALAN STABINSKI MILLER  
Address: 8600 NW 64TH ST STE 4  
MIAMI, FL 33166

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: ALAN STABINSKI MILLER  
Address: 8600 NW 64TH ST STE 4  
MIAMI, FL 33166

**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 06-03-2019  
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 06-03-2019  
Date

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