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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 07535000353
Phone : (800)221-2972
Fax Number : (718)889-7420

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
TECH PRO COMMUNICATIONS INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

20 FEB 24 PM 12:46

2020 FEB 24 PM 2:55

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FEB 24 2020



February 24, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: TECH PRO COMMUNICATIONS INC.
REF: W20000019331

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must use only the following title(s) for the officer(s) and/or director(s) within your corporation: D-Director | P-President | T-Treasurer | VP-Vice President | S-Secretary

If you have any further questions concerning your document, please call (850) 245-6052.

Jalesa S Dennis
Regulatory Specialist II
New Filing Section

FAX Aud. #: H20000056772
Letter Number: 820A00004022

20 FEB 24 PM 12:44

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: TECH PRO COMMUNICATIONS INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1193 SE PORT ST. LUCIE B - suite 2561193 SE PORT ST. LUCIE B - suite 256PORT ST. LUCIE, FL 34952PORT ST. LUCIE, FL 34952**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

To conduct all activities set forth and permitted under and Florida corporation law**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SALVATORE ALFANI - DIRECTOR

Name and Title: _____

Address: 1193 SE PORT ST. LUCIE B - Suite 256

Address: _____

PORT ST. LUCIE, FL 34952Name and Title: TIMOTHY SUMLER - PRESIDENT

Name and Title: _____

Address: 3408 PRIMROSE WAY

Address: _____

PALM HARBOR, FL 34683

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: SALVATORE ALFANI

Address: 1193 SE PORT ST. LUCIE B - suite 256

PORT ST. LUCIE, FL 34952

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: SALVATORE ALFANI

Address: 1193 SE PORT ST. LUCIE B - suite 256

PORT ST. LUCIE, FL 34952

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 business days prior or 90 business 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

02/18/2020

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

02/18/2020

Date

2020-02-24 13:39 CST