

2/9/2021

Division of Corporations

Pa 100011294

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 : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)420-5722
Fax Number : (305)643-5225

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

Email Address: central1999@live.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
TECHNICAL AC CORP**

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

2021 FEB -9 AM 9:08

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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: TECHNICAL AC CORP

ARTICLE II PRINCIPAL OFFICE

Principal street
12179 SW 50TH CT
COOPER CITY FL 33330

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: 1,000

ARTICLE V INITIAL OFFICERS AND/OR

DIRECTORS Name and Title: Hector D Wolenberg- President Name and Title:

Address 12179 SW 50TH CT Address:
COOPER CITY FL 33330

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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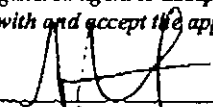
Name and Title: _____ Name and Title: _____

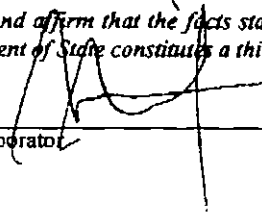
Address _____ Address: _____

_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Hector D WolenbergAddress: 12179 SW 50TH CTCOOPER CITY, FL 33330**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Hector D WolenbergAddress: 12179 SW 50TH CTCOOPER CITY, FL 33330**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 Agent02/09/2021
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/Incorporator02/09/2021
Date

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