## P210000 22903

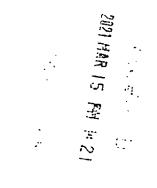
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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93/15/21--91037--005 \*\*70.00







**Department of State** 

**Division of Corporations** 

Date: 03/15/2021

**American Expediting (Stealth Courier)** 

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

## Stealth Courier Box Amendment

Company: Teknovate Inc

**Requester: Compass Global Corp** 

13035973

## **COVER LETTER**

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

SUBJECT: TEK	NOVATE INC				
	(PROPOSED COR	RPORATI	E NAME – <u>MUST INCLU</u>	JDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of t	the articl	es of incorporation and	a check for:	
- 470.00	□ <b>45</b> 0 76				
፟፟ቖ \$70.00	· ·		□ <b>\$</b> 78.75	□ \$87.50	
Filing Fee	Filing Fee		Filing Fee	Filing Fee,	
	& Certificate of Status	s	& Certified Copy	Certified Copy & Certificate of	
				Status	
			ADDITIONAL CO	PY REQUIRED	
		L			
EDOM. C	COMPASS GLOBAL CO	)RP			
FROM:			Printed or typed)	<del></del>	
2	1218 SAINT ANDREY	WS BL	VD. #304.		
Address					
В	OCA RATON FL 334	33			
		City, St	tate & Zip		
5	61 388 0375				
<del></del> -	Day	time Tel	ephone number		
01	PERATIONS@COMPASS	SGLOBA	ALCORP.COM		
			or future annual report n	otification)	
is in a decision (10 at about 10, retail a minute 1 aport not mettion)					

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)

ARTICLE I NAM The name of the corpor	E ration shall be: TEKNOVATE INC			
ARTICLE II PRINCIPAL OFFICE Principal street address 7000 W PALMETTO PARK ROAD. SUITE #210.		Mailing address, if different is: 21218 SAINT ANDREWS BLVD. #304.		
BOCA RATON	FL 33433	BOCA RATON FL 33433		
ARTICLE III PURI The purpose for which				
INTL CONSULT	ING, LOGISTICS & PROCURE & SUPPLIES FOR IT & TH	MENT OF EQUIPMENT, GOODS, SERVELECOM ENTERPRISES.		
		2021 HAR		
ARTICLE IV SHA	RES 100,000	. 15		
ARTICLE V INIT	<i>IAL OFFICERS AND/OR DIRECTORS</i> MARTINEZ, JUAN C /	Name and Title:		
Address	21218 SAINT ANDREWS BLV			
	#304.			
	BOCA RATON FL 33433			
Name and Tit	le:	Name and Title:		
Address	· · · · · · · · · · · · · · · · · · ·	Address:		
Name and Tit	le:	Name and Title:		
Address		Address:		

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI - R	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	ED MORA		
Address:	21218 SAINT ANDREWS BLVD.	#304.	
	BOCA RATON FL 33433	-	
ARTICLE VII	NCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	MARC RAFFE		
Address:	21218 SAINT ANDREWS BLVD	. #304.	
	BOCA RATON FL 33433		
Effective date, if o	EFFECTIVE DATE: other than the date of filing: nte is listed, the date must be specific and canno		or or 90 days after the
	inserted in this block does not meet the applicable fective date on the Department of State's records.	statutory filing requirements,	this date will not be listed as
	ed as registered agent to accept service of process formiliar with and accept the appointment as register.		
, l	MA		MARCH 14, 2021
<del>-</del>	Required Signature/Registered Agent		Date
	iment and affirm that the facts stated herein are		
	epartment of State constitutes a third degree felony		
	<i>'</i> /		MARCH 14,2021
Required Signatur	e/Incorporator	Date	· · · · · · · · · · · · · · · · · · ·