

Division of Corporations

Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: SHAHINAMERICA@GMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
Concord Technologies, Inc.

Certificate of Status	1
Certified Copy	0
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Corporate Filing Menu

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CONCORD TECHNOLOGIES, INC.
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Message

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7/29/2021. THANK YOU!

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Thank You in advance.

Emily Keller

*Hubco Incorporation Services *

*238 W. Jericho Turnpike | Huntington Station, NY
11746 *

Phone: (516) 935-3940 Ext. 1189 | Fax: (516)
935-3088

Direct Phone: 516-813-1189

email: emily@inc-it-now.com

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TALLAHASSEE, FL

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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: Concord Technologies, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>7721 NW 16 CT</u>	<u></u>
<u>PEMBROKE PINES, FL 33024</u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE PROFESSIONAL ENGINEERING AND CONSTRUCTION SERVICES TO THE COMMUNITY

ARTICLE IV SHARES

The number of shares of stock is: 1,500 AT NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>LINA SHAFIQ - PRESIDENT</u>	Name and Title:	<u>SHAHIN M SHAFIQ - VICE PRESIDENT</u>
Address	<u>7721 NW 16 CT</u>	Address:	<u>7721 NW 16 CT</u>
	<u>PEMBROKE PINES, FL 33024</u>		<u>PEMBROKE PINES, FL 33024</u>
	<u></u>		<u></u>

Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>

Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>

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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: SHAHIN M SHAFIQAddress: 7721 NW 16 CTPEMBROKE PINES, FL 33024**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: SHAHIN M SHAFIQAddress: 7721 NW 16 CTPEMBROKE PINES, FL 33024**ARTICLE VIII EFFECTIVE DATE:**

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

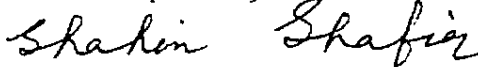
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

JULY 27, 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/Incorporator

JULY 27, 2021

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