

From: Robert Fanjul
12/9/21, 10:39 AM

Fax: (877)503-6086

To:

Fax: (850) 617-6381

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12/09/2021 10:43 AM

Division of Corporations

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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 : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

****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
TECNOSEND CORP**

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12/9/2021

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: TECNOSEND CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address10425 NW 82 ND ST UNIT 3DORAL, FL 33178

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ADRIAN OMAR COLMAN-P

Name and Title: _____

Address FOLKSTONE 1161 SANTA CLARA DEL MAR

Address: _____

PROVINCIA DE BUENOS AIRES7609. ARGENTINA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: ADRIAN OMAR COLMANAddress: 10425 NW 82ND ST UNIT 3DORAL, FL 33178**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: ADRIAN OMAR COLMANAddress: 10425 NW 82ND STDORAL, FL 33178**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*

X

_____
Required Signature/Registered Agent

12/06/2021

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.*

X

_____
Required Signature/Incorporator

12/06/2021

Date

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