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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

€#;*E	nter	the	email	address	for	this	business only one	entity	to	be t	used	for	future
	,_ an	nual	repor	t mailin	gs.	Enter	only one	e email	addr	ess	ple	ase.	**

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION TECLAM-USA CORP

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BZE 1 4 2021

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

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

CLE II PR	<u>INCIPAL OFFICE</u>					
	Principal <u>street</u> address STE 300		Mailing address, if different is: 7901 4th St N STF 300			
		<u> </u>				
Petersburg I	FL 33702	St. Petersburg F	L 33702			
CLE III PUI	RPOSE the corporation is organized is: Any a	nd all lawful business.				
			-			

·		<u> </u>				
ICLE IV SH	ARFS					
ICLE IV SIL	ARES of stock is: 100					
umber of shares	s of stock is: 100					
umber of shares						
umber of shares	s of stock is: 100	DPSTName and Title:				
umber of shares	of stock is: 100 TIAL OFFICERS AND/OR DIRECTORS					
UMBER OF Shares ICLE V INI Name and T	of stock is: 100 TIAL OFFICERS AND/OR DIRECTORS Title: CLAUDIO TAYUPANDA MOROCHO	Address:	 -			
UMBER OF Shares ICLE V INI Name and T	TIAL OFFICERS AND/OR DIRECTORS Title: CLAUDIO TAYUPANDA MOROCHO 7901 4th St N STE 300	Address:				
Name and T	TIAL OFFICERS AND/OR DIRECTORS Title: CLAUDIO TAYUPANDA MOROCHO 7901 4th St N STE 300 St. Petersburg FL 33702	Address:				
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Title: CLAUDIO TAYUPANDA MOROCHO 7901 4th St N STE 300 St. Petersburg FL 33702	Address: Name and Title:				
Name and T	TIAL OFFICERS AND/OR DIRECTORS Title: CLAUDIO TAYUPANDA MOROCHO 7901 4th St N STE 300 St. Petersburg FL 33702	Address: Name and Title:				
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Title: CLAUDIO TAYUPANDA MOROCHO 7901 4th St N STE 300 St. Petersburg FL 33702	Address: Name and Title:				
Name and Ti	TIAL OFFICERS AND/OR DIRECTORS Title: CLAUDIO TAYUPANDA MOROCHO 7901 4th St N STE 300 St. Petersburg FL 33702	Address: Name and Title:				
Name and To Address Name and To Address	TIAL OFFICERS AND/OR DIRECTORS Title: CLAUDIO TAYUPANDA MOROCHO 7901 4th St N STE 300 St. Petersburg FL 33702	Address: Name and Title: Address:	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7			
Name and Ti Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTORS Title: CLAUDIO TAYUPANDA MOROCHO 7901 4th St N STE 300 St. Petersburg FL 33702	Name and Title: Name and Title:	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7			
Name and To Address Name and To Address	TIAL OFFICERS AND/OR DIRECTORS Title: CLAUDIO TAYUPANDA MOROCHO 7901 4th St N STE 300 St. Petersburg FL 33702	Name and Title: Name and Title:				

Name a	and Title:	Name and Title:
Addre	SS	Address:
ARTICLE VI The name and	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable	of the registered agent is:
Name:	Northwest Registered Agent LLC	
Address:	7901 4th St N STE 300	
	St. Petersburg, FL 33702	
ARTICLE VII	INCORPORATOR	
The name and a	address of the Incorporator is:	
Name:	Morgan Noble	_
Address:	7901 4th St N STE 300	
	St. Petersburg, FL 33702	
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and can	
Note: If the dat the document's	e inserted in this block does not meet the applicate effective date on the Department of State's record	le statutory filing requirements, this date will not be listed as s.
certificate, I am	familiar with and accept the appointment as regist	for the above stated corporation at the place designated in this ered agent and agree to act in this capacity
lon-Ge	au_	12/13/2021
	Required Signature/Registered Agent	Date
I submit this do document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree felo	re true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
Margan	Ook .	12/13/2021
Required Signati	ure/incorporator	Date