

P22000030855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

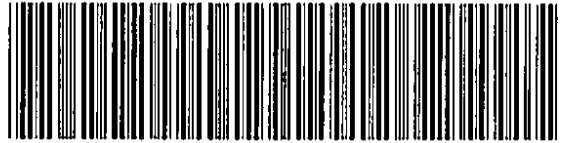
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2022 APR 25 AM 10:23
TALLAHASSEE, FL

RECEIVED
2022 APR 25 PM 3:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 576026 8182198

AUTHORIZATION :



COST LIMIT : \$ 78.00

ORDER DATE : March 28, 2022

ORDER TIME : 2:15 PM

ORDER NO. : 576026-005

CUSTOMER NO: 8182198

DOMESTIC FILING

NAME: TKYOLABS INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: TKYOLABS INC>

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Minoru Saito

Name (Printed or typed)

1506 East Jean St.

Address

Tampa, Florida 33610

City, State & Zip

+1 9173422498

Daytime Telephone number

Daniel@tkyolabs.com

E-mail address: (to be used for future annual report notification)

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 NAME TKYOLABS INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
1506 E Jean St
Tampa, FL 33610-3429

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Information technology web 3.0

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STATE OF FLORIDA
TAMPA, FLORIDA

ARTICLE IV SHARES 1000
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Minoru Saito, Director Name and Title:
Address 1506 E Jean St Address:
Tampa, FL 33610-3429

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 AGENT**The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Michael Hull _____

Address: 1506 E Jean St _____

Tampa, FL 33610 _____

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 STATE OF FLORIDA
 TALLAHASSEE, FL

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Minoru Saito _____

Address: 1506 E Jean St _____

Tampa, FL 33610 _____

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:*Michael Glen Hull

35B1FA4835514A7

Required Signature/Registered Agent

4/14/2022 | 9:49:24

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.*Michael Saito

F05B17FE35114DF

Required Signature/Incorporator

4/12/2022 | 10:01:24

Date