

P22000062622
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : RASI
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Phone : (800)221-2972
Fax Number : (917)243-5843

****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
TU-KAN CORP.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$70.00 |

2022 AUG -9 PM 4:46

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2022 AUG -9 AM 1:45

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August 9, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RASI

SUBJECT: TU-KAN CORP.
REF: W22000102904

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana
Regulatory Specialist IIFAX Aud. #: H22000267750
Letter Number: 822A00017775

2022/08/09 AM 1:45

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Tu-Kan Corp.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
650 NE 32nd StMiami, FL 33137

Mailing address, if different is:

650 NE 32nd St
Miami, FL 33137**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Real Estate**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Madelin Almanzar - DirectorAddress: 650 NE 32nd StMiami, FL 33137

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2022 AUG 16 9:41:17 AM -14

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: Madelin Almanzar
 Address: 650 NE 32nd St
Miami, FL 33137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Madelin Almanzar
 Address: 650 NE 32nd Street
Miami, FL 33137

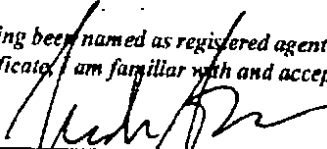
ARTICLE VIII EFFECTIVE DATE:

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.)

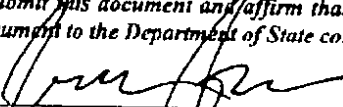
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8/9/2022
 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

8/9/2022
 Date

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