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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 : SORSHER & ASSOCIATES, LLC.  
Account Number : I20170000056  
Phone : (954)842-2931  
Fax Number : (954)842-2936

**\*\*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  
TECHMOND, CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2022 SEP 12 PM 3:34

TECHMOND, CORP.

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## COVER LETTER

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

SUBJECT: TECHMOND, CORP.  
(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: TIMUR YUNISOV  
                                    Name (Printed or typed)  
  
1500 SOUTH OCEAN DR APT 5E  
                                    Address  
  
HOLLYWOOD, FL 33019  
                                    City, State & Zip  
  
(954) 516-4338  
                                    Daytime Telephone number  
  
YUNISOVTIMUR64@GMAIL.COM  
                                    E-mail address: (to be used for future annual report notification)

SEP 12 AM 1:24

**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**

The name of the corporation shall be: TECHMOND, CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1500 SOUTH OCEAN DR APT 5E

1500 SOUTH OCEAN DR APT 5E

HOLLYWOOD, FL 33019

HOLLYWOOD, FL 33019

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: YUNISOV, TIMUR - P

Name and Title: \_\_\_\_\_

Address 1500 SOUTH OCEAN DR APT 5E

Address: \_\_\_\_\_

HOLLYWOOD, FL 33019

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

SEP 12 AM 1:21

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: YUNISOV, TIMUR  
Address: 1500 SOUTH OCEAN DR APT 5E  
HOLLYWOOD, FL 33019

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: YUNISOV, TIMUR  
Address: 1500 SOUTH OCEAN DR APT 5E  
HOLLYWOOD, FL 33019

599 SEP 12 AM 1:21

**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*

*Timur Yunisov*

\_\_\_\_\_  
Required Signature/Registered Agent

09/12/2022

\_\_\_\_\_  
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.*

*Timur Yunisov*

\_\_\_\_\_  
Required Signature/Incorporator

09/12/2022  
\_\_\_\_\_  
Date