

2/23/23, 10:45 AM

P23000014409

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1123000070552 3)))



H2300007055234BCY

Note: DO NOT hit the REFRESH RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : DOSSANTOS AND MACHADO, LLC
Account Number : 120140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@gfstaxacct.com

FLORIDA PROFIT/NON PROFIT CORPORATION
T E C USA CORP

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

2023 FEB 23 PM 2:25

 2023 FEB 23 AM 2:14
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

1123000070552 3

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

SUBJECT: T E C USA 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: JULIANA MACHADO, CPA

Name (Printed or typed)

11764 W SAMPLE RD STE 102

Address

CORAL SPRINGS FL 33065

City, State & Zip

754-301-2128

Daytime Telephone number

INFO@GFSTAXACCT.COM

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

NOTE: Please provide the original and one copy of the articles.

2023 FEB 23 AM 2:14

FILED

1123000070552 3

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

ARTICLE I NAMEThe name of the corporation shall be: T E C USA CORP**ARTICLE II PRINCIPAL OFFICE**

Principal street address
11764 W SAMPLE RD STE 102
CORAL SPRINGS FL 33065

Mailing address, if different is:
11764 W SAMPLE RD STE 102
CORAL SPRINGS FL 33065

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: 1.000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUIZ CARLOS MARQUEZAN DE RESENDE - PRESIDENT Name and Title: _____Address: 11764 W SAMPLE RD STE 102 Address: _____CORAL SPRINGS FL 33065

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2023 FEB 23 AM 2:14
CLERK OF STATE
TALLAHASSEE, FL

FILED

1123000070552 3

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: GFS TAX & ACCOUNTING SERVICES
 Address: 11764 W SAMPLE RD STE 102
CORAL SPRINGS FL 33065

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

Name: GFS TAX & ACCOUNTING SERVICES
 Address: 11764 W SAMPLE RD STE 102
CORAL SPRINGS FL 33065


FILED
 2023 FEB 23 AM 2:14
 DEPARTMENT OF STATE
 TALLAHASSEE, FL

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

12/29/22
 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

12/29/22
 Date