

To:

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2023-05-03 14:21:21 GMT

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From: Yanet Avila

5/3/23, 10:09 AM

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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CORPORATIONS
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FLORIDA PROFIT/NON PROFIT CORPORATION
TECH-CI ELECTRONICS CORP

Certificate of Status	0
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Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: TECH-CI ELECTRONICS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8565 NW 68TH STREET MIAMI, FL 33166**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: MARCIA REGINA MILONI PESSANO COELHO (P)

Name and Title: _____

Address 8565 NW 68TH STREET

Address: _____

MIAMI, FL 33166

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: MARCIA REGINA MILONI PESSANO COELHO
 Address: 9565 NW 68TH STREET
MIAMI, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARCIA REGINA MILONI PESSANO COELHO
 Address: 8565 NW 68TH STREET
MIAMI, FL 33166

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

/s/ Marcia Regina Miloni Pessano Coelho
 Required Signature/Registered Agent

 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.

/s/ Marcia Regina Miloni Pessano Coelho
 Required Signature/Incorporator

 Date

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SECRETARY OF
 TALLAHASSEE