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Division of Corporations
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From: Alex i

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

From: Account Name : ALEX PINA CO.
Account Number : I20198000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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Email Address: client@alexpina.co

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REGISTRARS
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SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
TECHNOMAX STORE INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Corporate Filing Menu

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: **TECHNOMAX STORE INC****ARTICLE II PRINCIPAL OFFICE**Principal street address
24 Malabar Rd Apt 105

Mailing address, if different is:

Palm Bay, FL 32907**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: **Any And All Lawful Purpose.****ARTICLE IV SHARES**The number of shares of stock is: **10,000****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Karina J Gutierrez Aldana - President**Address: **24 Malabar Rd Apt 105****Palm Bay, FL 32907**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: ALEX PINA CO.

Address: 8400 NW 36TH ST STE 450
DORAL, FL 33166

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Karina J Gutierrez Aldana

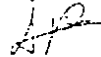
Address: 24 Malabar Rd Apt 105
Palm Bay, FL 32907

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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*

08/24/2023

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.

08/24/2023

Required Signature/Incorporator

Date