

P25000005736

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(Business Entity Name)

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2025 FEB -3 AM 9:47
TALLAHASSEE, FL

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2025 FEB -2 PM 1:49
TALLAHASSEE, FL

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 2/3/2025

PRIORITY Regular Approval

OUR REF # (Order ID#) 1344552

ORDER ENTITY
TECKLINX INC.

FILED
2025 FEB 03 AM 9:47
TALLAHASSEE, FL

PLEASE PERFORM THE FOLLOWING SERVICES:

TECKLINX INC. (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$78.75 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

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

SUBJECT: Tecklinx Inc.
(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

FILED
FEB 3 2025
AM 9:47
TALLAHASSEE, FL
STATE

FROM: Yana Timokhova
Name (Printed or typed)
20 Adelaide Street East, Suite 905
Address
Toronto, Ontario, Canada, M5C 2T6
City, State & Zip
416-477-8161
Daytime Telephone number
ytimokhova@altrolaw.com
E-mail address: (to be used for future annual report notification)

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: Tecklinx Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street

7901 4th St N STE 300

St. Petersburg, FL 33702, USA

Mailing address, if different is:

501 E Kennedy Blvd

Tampa, Florida, 33602

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: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Buckley - Director, President

Address 501 E Kennedy Blvd

Tampa, Florida, 33602

Name and Title: Christopher Vander Wal - Secretary,

Treasurer

Address: 941 Coopers Dr SW

Calgary, Alberta, Canada, T4B 2Z4

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TAMPA, FL
CLERK OF DISTRICT COURT

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: Northwest Registered Agent LLC
 Address: 7901 4th St N STE 300
St. Petersburg, FL 33702, USA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Christopher Vander Wal
 Address: 941 Coopers Dr SW
Calgary, Alberta, Canada, T4B 2Z4

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 DEPT. 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

/s/ Tom Glover January 31, 2025
 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.

Chris Vander Wal January 31, 2025
 Required Signature/Incorporator Date