

N11 000010917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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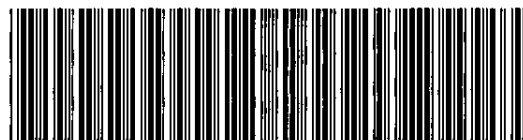
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT:

TYRONE STUDIOS P.C. Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

TYRONE Washington  
Name (Printed or typed)

8902 N. HUBERT AVE APT A-4  
Address

TAMPA, FL 33614  
City, State & Zip

813-295-3627  
Daytime Telephone number

Washi\_33614@yahoo.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

TYRONE STUDIOS

BNC.

**ARTICLE II PRINCIPAL OFFICE**

8402 N. HUBERT AVE. APT. A4  
TAMPA, FL 33614

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Educational, Scientific

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Two-thirds vote

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

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Tyrone Washington  
Address: 8402 N. HUBERT AVE.  
APT. A-4 TAMPA, FL, 33614

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tyrone Washington  
Address: 8402 N. HUBERT AVE.  
APT. A-4 TAMPA, FL, 33614

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

Tyrone Washington

Required Signature of Registered Agent

01/01/12

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Tyrone Washington

Required Signature of Incorporator

01/01/12

Date

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