

NA0000004279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

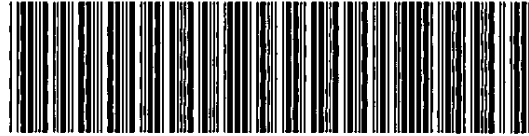
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200259787092

05/02/14--01007--017 \*\*78.75

FILED  
14 MAY -2 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT:

The Ten Two Movement 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:

Mike Coomer

Name (Printed or typed)

2532 Queen Palm Dr

Address

Edgewater, FL 32141

City, State & Zip

813 340 9504

Daytime Telephone number

mick042448@yahoo.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 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: The Ten Two Mart INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2532 Queen Palm DR

Edgewater Fl 32141

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CHURCH

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Appointed

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

Name and Title: Mike Coomer President

Address: 2532 Queen Palm DR  
Edgewater Fl 32141

Name and Title: Chris Chesley V. President

Address: 2532 Queen Palm DR  
Edgewater, Fl 32141

Name and Title: Melissa Chesley Secretary Treasurer

Address: 2532 Queen Palm DR  
Edgewater Fl 32141

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

14 MAY -2 AM 9:02

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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: CHAD CHESLEY

Address: 2532 Green Palm Dr

Edgewater FL 32141

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CHAD CHESLEY

Address: 2532 Green Palm Dr

Edgewater FL 32141

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

Chad E. Chesley

Required Signature of Registered Agent

4-30-14

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.

Chad E. Chesley

Required Signature of Incorporator

4-30-14

Date

FILED  
14 MAY -2 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA