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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

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SECRETARY OF JAIL
TALL AHASSEE, FLORIDA



July 26, 2018

TIRSO TRUEBA 5727 N.W. 7 ST SUITE #196 MIAMI, FL 33126

SUBJECT: TLT HOSPITALITY AND PROTECTIVE SERVICES CORP.

Ref. Number: W18000067998

We have received your document for TLT HOSPITALITY AND PROTECTIVE SERVICES CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 318A00015361

Tirso L. Trueba

5727 N.W. 7 St. Suite #196

Miami, Fl 33126

To Mr. Tyrone Scott:

This letter is to inform you that TLT Hospitality and Protective Services, Inc has changed from For Profit Corporation and was administratively dissolve to Not-For-Profit Corporation and has changed its name to TLT Hospitality and Protective Services, Corp. at the present moment. Please if you can changed the status from INACTIVE to ACTIVE Status. On your end I already mailed you and received a money order for \$87.50.

Sincerely Yours,

Tirso L. Trueba

RECENED MIRAUG-6 PM 2: 49 WINDERSON SERVICES

COVER LETTER

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

TLT Hospita SUBJECT:	ality & Protective Services Corp.				
Sobject.	(PROPOSED CORPO	RATE NAME – <u>MUST INC</u>	CLUDE SUFFTX)		
Enclosed is an original a	and one (1) copy of the Artic	cles of Incorporation and	a check for :		
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate		
FROM:	Tirso L. Trueba		_		
	Name	e (Printed or typed)			
	5727 N.W. 7 St. Suite 196				
	Address				
	Miami, FL 33126				
	City, State & Zip				
	786-468-5850				

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

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

Ttirso12@outlook.com

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

<u> (RTICLE II _ PR</u>	INÇIPAL OFFICE		
	incipal street address: Mailing address, if different is: 7 St. Suite #196	•	_
Miami, FL	33126		
RTICLE III PUT	ch the corporation is organized is:	ne Hospi	itality
PTICIFIV M	are by the	by laws	of
THE CORPORAT	are by the are by the standard appointed: ANNER OF ELECTION	by laws	of
THE CORPORAT	So L. Trueba C.E.O. Name and Title:	by laws	of
THE CORPORAT RTICLE V INI Tame and Title: 572	So L. Trueba C.E.O. Name and Title: 7 N.W. 7 St. Suite #196 Address:	by laws	of
THE CORPORAT RTICLE V INI ame and Title: 572 Mia	TIAL OFFICERS AND/OR DIRECTORS So L. Trueba C.E.O. Name and Title: 7 N.W. 7 St. Suite #196 Address:		of
THE CORPORAT RTICLE V INI ame and Title: Mia ame and Title: ddress ddress	TIAL OFFICERS AND/OR DIRECTORS So L. Trueba C.E.O. Name and Title: 7 N.W. 7 St. Suite #196 Address:		of
THE CORPORAT RTICLE V INI ame and Title: Mia ame and Title: ddress ddress ddress	TIAL OFFICERS AND/OR DIRECTORS So L. Trueba C.E.O. Name and Title: 7 N.W. 7 St. Suite #196 Address: Name and Title: Address: Address: Address:		

Name and Title	: <u>. </u>	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 acc	eptable) of the registered agent is:	
Name:	Tirso L. Trueba	_ 	
Address:	5727 N.W. 7 St. Suite #	196	
	Miami, FL 33126		
The name and	INCORPORATOR address of the Incorporator is:		
the name and	Tirso L. Trueba		
Name:			
Address:	5727 N.W. 7 St. Suite #	<u> </u>	
	Miami, FL 33126		
RTICLE VIII	<u>EFFECTIVE DATE:</u>		
ffective date,	if other than the date of filing:	(OPTIONAL) and cannot be more than five days prior or 90 days after	r the filing.)
i all circuit	dute is not a, the dute mast 22 op		•
ote: If the da	te inserted in this block does not meet the a petive date on the Department of State's re-	applicable statutory filing requirements, this date will not becords.	e listed as the
		se of process for the above stated corporation at the place	designated in this
rtificate, I an	amea as registered agent to accept service of amiliar with and accept, the appointment	Tas registered agent and agree to act in this capacity	acting reason to the terms
		07/31/320	18
_	Required Signature of Registere	ed Agent Date	
ubmit this do	cument and affirm that the facts stated he	erein are true. I am aware that any false information submi	itted in a document
the Departm	ent of State constitutes a third degree felon		0
	Required Signature of Inc.	07/31/201 Date	
	Vedanca Signature of the	orporator	