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> 5. BRUCE MAR 0.1 2022

COVER LETTER

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

CT:	(PROPOSED CORP	ORATE NAME - MUST IN	CLUDE SUFFIX)
d is an original a	and one (1) copy of the Ar	ticles 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 CO	PY REQUIRED
FROM:	MARKEITH BUGGS		SEC TA
	Na 2309 DOMINGO DR.	me (Printed or typed)	SECRETARY TALLAHAS
	TALLAHASSEE, FL 32304	Address	ASY OF STATE
		City, State & Zip	- m c
	(850) 782-1411 Daytime Telephone number		_

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

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

The name of the	ne corporation shall be:	TION INC.			
ARTICLE II	PRINCIPAL OFFICE				
2309	Principal <u>street</u> address: DOMINGO DR	Mailing address, if different is: 2309 DOMINGO DR			
TAL	LAHASSEE, FL 32304	TALLAHASSEE, FL 32304			
ARTICLE III The purpose for	T PURPOSE Or which the corporation is organized is	s:			
· · · · · · · · · · · · · · · · · · ·		SE RECRE	202 2 M AR	·T]	
		AHAD WO			
	MANNER OF ELECTION The rest are appointed by	manner in which the directors are elected and appointed:	-:	–	
	INITIAL OFFICERS AND/OR DIF				
Name and Tit	le:	Name and Title:			
Address	2309 DOMINGO DR TALLAHASSEE, FL 32304	Address:			
Name and Tit	le:	Name and Title:			
Address					
Name and Tit	le:	Name and Title:			
Address		Address:			

Name and Title:	•	Name and Title:	-
Address		Address:	-
			-
			-
Name and Title:		Name and Title:	_
Address		Address:	
			-
			-
ARTICLE VI R	EGISTERED AGENT		
	rida street address (P.O. Box NOT accep	otable) of the registered agent is:	
Name:	MARKEITH BUGGS		
Address:	2309 DOMINGO DR		20
	TALLAHASSEE, FL 32304	TA	2022 HAR
		 111	20 "10m"
ARTICLE VII I		TARY OF AHASSE	in the second
The name and add	ress of the Incorporator is:	n de	P
Name:	MARKEITH BUGGS		_ · · ·
Address:	2309 DOMINGO DR.		00
	TALLAHASSEE, FL 32304	<u> </u>	
	EFFECTIVE DATE:		
	ther than the date of filing: te is listed, the date must be specific an	(OPTIONAL) nd cannot be more than five days prior or 90 days afte	r the filing.)
		oplicable statutory filing requirements, this date will not b	0,
	ve date on the Department of State's reco		e fisted as the
<i>Hi</i>	-d		4
certificate, I am fai	niliar with and accept the appointment as	of process for the above stated corporation at the place s registered agent and agree to act in this capacity	aesignatea in thi
Marker		3 -1 - 22	
I WOULK	Required Signature of Registered	3 - 1 - 2 2 Agent Date	
I submit this docum	nent and affirm that the facts stated herei	n are true. I am aware that any false information submitte	ed in a document to
ine Department of . 1	State constitutes a third degree felony as p	provided for in s.817.155, F.S.	_
Marker	Require Of Incorp	porator Date	22
	Required Signature of Incor	porator Date	