

TRANSMITTAL LETTER

P00000021071

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

SUBJECT:

TYZ, INC.

(Proposed corporate name - must include suffix)

000003146430--8

-02/24/00--01066--003

*****78.78 *****78.78

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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

TUGRUL YILMAZ

Name (Printed or typed)

8639 N. HINES #3804

Address

TAMPA, FL. 33614

City, State & Zip

813-915-1276

Daytime Telephone number

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

2/29

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

TYZ, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2155 K UNIVERSITY SQUARE TALL
TAMPA, FL 33612

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

FRED SEIFTER
1707 OAK BRANCH CT. - BRANDON, FL.

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

TUGRUL YILMAZ
8639 N. HINES # 3804
TAMPA, FL 33614

x

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date

FILED
00 FEB 24 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11 DEC 11

02/16/00

2-16-00