P040000 40440

(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



03/05/04--01015--018 **158.75

FILED

04 HAR -5 PH IZ

Oh MAR -5 PH I2: 14
DESCRIPTION STATE
VISION SEES ORATION
TALLANDASSES ORATION

4-45

TRANSMITTAL LETTER

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

SUBJECT: Telecommunications and Data Management, Inc.				
	(PROPOSED CORPORA	TENAME – MUSIDICIO	ODERSON XX	
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	a check for:	
\$70.00		\$78.75	\$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: [Diane C. Herring			
3 100141.	Name	e (Printed or typed)		
	557 Wakulia Springs Roa	d		
	**************************************	Address		
	Crawfordville, FL 32327			
	City	, State & Zip		
	850-421-9534			
	Daytime	Telephone number		

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Telecommunications and Data Management, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 557 Wakulla Springs Road Crawfordville, FL 32327 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: 100 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Diane C. Herring 557 Wakulla Springs Road Crawfordville, FL 32327 Omes President REGISTERED AGENT The name and Florida street address of the registered agent is: Diane C. Herring 557 Wakulla Springs Road Crawfordville, FL 32327 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Diane C. Herring 557 Wakulla Springs Road Crawfordville Fe 32327 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

3-5-04

Signature/Registered Agent

Signature/Incorporator