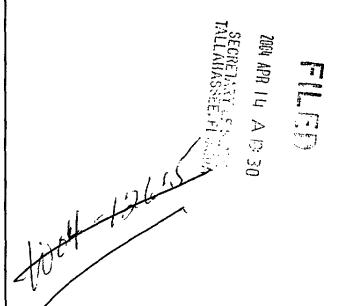
## P040006282/

(Re	equestor's Name)	<del></del> _		
(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:				



500030905735

\*\*78.75 \*\*\*78.75



Office Use Only

## TRANSMITTAL LETTER

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

SUBJECT:	TOMA INC			
	(PROPOSED CORPORA)	IE NAME – <u>MUST INCL</u>	ide soffex)	
Enclosed are an orig	rinal 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	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	TOMA SH	EPERD (Printed or typed)		
697 NE 36 Street				
	Oakland Park City,	FL 33334 State & Zip		
561 - 654 - 6364 Daytime Telephone number				

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



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 31, 2004

TOMA SHEPERD 697 NE 36TH STREET OAKLAND PARK, FL 33334

SUBJECT: TOMA INC.

Ref. Number: W04000012615

We have received your document for TOMA INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P99000085573.

Please return the 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) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 004A00021190

04 KPR 14 PM 3: 12

· ·				
ARTICLES OF INCORPORATION				
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)				
in compliance with chapter out and of chapter out; 1.5. (1 tolls)				
ARTICLE I NAME				
The name of the corporation shall be:	·=			
TOMA SI TOUCH INC.	PILED  7004 APR 14 A 10: 30  SECRETARY OF STATE TALLAHASSEE, FLORIDA			
ARTICLE II PRINCIPAL OFFICE	S. B			
The principal place of business/mailing address is:	SER I			
697 NE 36th Street				
Oakland Park FL 33334				
ARTICLE III PURPOSE	<b>5</b> 0			
The purpose for which the corporation is organized is:				
Profit				
ARTICLE IV SHARES				
The number of shares of stock is:				
100 shares 1 . spc.				
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS				
List name(s), address(es) and specific title(s):				
Toma Sheperd (orpsident)				
Toma Sheperd (president) 697 NE 36th Street				
Oakland Park FL 33334				
ADVICE III DECICARDER ACENT				
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:				
TOMA Sheperd				
697 NE 36th Street				
Oakland Park FL 33334				
ARTICLE VII INCORPORATOR				
The <u>name and address</u> of the Incorporator is:  Toma SheperL				
697 NE 36th Street				
Oakland Park FL 33334				
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				
10554	3/16/04			
Signature/Registered Agent	3/16/04 Date 3/16/04			
CI /	21.1.1			
1 5 SLy L	3/16/04			
Signature/Incorporator	' Date			