

PO6000119281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

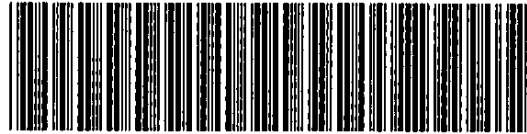
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-15-06
2002

COVER LETTER

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

SUBJECT: Tamarind Consultants, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Alex Rodriguez
Name (Printed or typed)

P.O. Box 347705
Address

Miami, FL 33234-7705
City, State & Zip

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:

Tamarind Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Address: 9986 SW 18 Street, Miami, FL 33174

Mailing Address: P.O. Box 347705, Miami, FL 33234-7705

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares @ \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Alex Rodriguez - President & Secretary

Alan Perez - Vice President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Alex Rodriguez

9986 SW 18 Street, Miami, FL 33174


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alex Rodriguez

9986 SW 18 Street, Miami, FL 33174

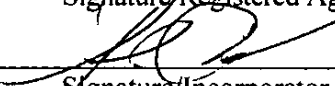
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

09/08/06

Date



Signature/Incorporator

09/08/06

Date

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2009 SEP 15 P 4:40
TALLAHASSEE, FLORIDA
SECRETARY OF STATE