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(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				



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11/16/06--01029--007 **78.75

COVER LETTER

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

SUBJECT: TAT	AR INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
✓ \$70.00	√ \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate o
			Status
		ADDITIONAL CO	DPY REQUIRED
FROM: J	JSTIN TATAR		
	Name	(Printed or typed)	
	4405 DUODELL AVE		•
	1105 RUSSELL AVE	Address	
		Address	
	SARASOTA, FL 3423	2	
		, State & Zip	
		. •	
	(309) 261-5926		
	Daytime 1	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:

TATAR INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1105 RUSSELL AVE SARASOTA, FL 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LAWN SERVICE

<u>ARTICLE IV SHARES</u>

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JUSTIN TATAR 1105 RUSSELL AVE SARASOTA, FL 34232 PRESIDENT

NICKI TATAR 1105 RUSSELL AVE SARASOTA, FL 34232 VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

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

JUSTIN TATAR 1105 RUSSELL AVE SARASOTA, FL 34232

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

JUSTIN TATAR 1105 RUSSELL AVE SARASOTA, FL 34232

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 Date

11/08/06

Signature/Incorporator Date

SECRETARY OF STATE
TALLAHASSEF. FI ORIDO

Para area