

PO6000-150321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

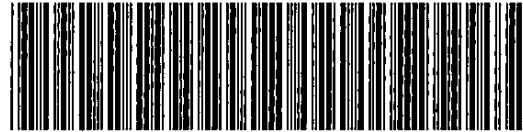
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PO

COVER LETTER

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

SUBJECT: TYBRI CORP 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: TODD WURTZEL

Name (Printed or typed)

1440 CORAL RIDGE DRIVE #387

Address

CORAL SPRINGS FL 33071

City, State & Zip

954-729-7517

Daytime Telephone number

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

TYBRI CORP INC

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:

TYBRI CORP INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1440 CORAL RIDGE DRIVE, #387

CORAL SPRINGS, FL 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TODD WURTZEL

1440 CORAL RIDGE DRIVE #387

CORAL SPRINGS FL 33071

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

TODD WURTZEL

1440 CORAL RIDGE DRIVE #387

CORAL SPRINGS FL 33071

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

TODD WURTZEL


1440 CORAL RIDGE DRIVE #387

CORAL SPRINGS FL 33071

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



 Signature/Incorporator



 Date



 Date

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA