

PO7000048527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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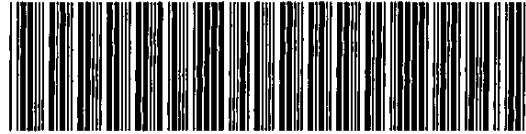
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.D. 4-23

COVER LETTER

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

SUBJECT: The T.L. Parks Financial Network 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: The T. L. Parks Financial Network Inc.
Name (Printed or typed)

P.O. Box 291237
Address

Tampa Florida 33687-1237
City, State & Zip

813 425-20898
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:

The T. L. Parks Financial Network **Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 281239 Tampa, Fl 33687-1237

11703 Grove Arcade Dr.
Riverview, FL. 33569

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Money Brokering & Investments

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CEO TL Parks

CFO Thomas Phillips

President: Temujin Phillips

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Thomas Phillips 11703 Grove Arcade Drive Riverview Florida: 33569

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas Parks P.O. Box 291237 Tampa, Florida 33687-1237

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

Thomas Phillips
Signature/Registered Agent

Date

Thomas Parks
Signature/Incorporator

Date