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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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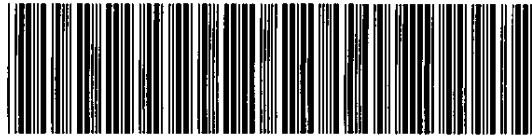
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G.H.
2-15-08

COVER LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: TLC Management Solutions, 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: Tamara Lauridsen
Name (Printed or typed)

3780 Sweepstakes Ct., #2204
Address

Palm Harbor, FL 34684
City, State & Zip

(904) 477-9943
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)

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ARTICLE I NAME

The name of the corporation shall be:

TLC management Solutions, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3780 Sweepstakes Ct., #2204
Palm Harbor, FL 34684

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

management Services

ARTICLE IV SHARES

The number of shares of stock is: 2000 par value is \$0.01
Total is \$20.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Tamara Lauridsen.

3780 Sweepstakes Ct., #2204, Palm Harbor, FL 34684

President

Treasurer

ARTICLE VI REGISTERED AGENT

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

Lois Mills
1432 10th St. North, Jacksonville Beach, FL 32250

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Tamara Lauridsen
3780 Sweepstakes Ct., #2204
Palm Harbor, FL 34684

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

Lois Mills

Signature/Registered Agent

Tamara Lauridsen

Signature/Incorporator

02.08.08

Date

02/07/08

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA