P08000065263

(Requestor's Name)				
(Address)				
,	,			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
_	_	t-sud		
(Bu	ısiness Entity Nar	ne)		
(Do	ocument Number)			

Certified Copies	Certificates	s of Status		
•	_	· · · · · · · · · · · · · · · · · · ·		
Special Instructions to	Filing Officer:			





600132449126

07/09/08--01024--001 **70.00

1

08 JUL -9 PH 4: 22



COVER LETTER

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

SUBJECT:	TELENA WALLACE INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
₹ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED
FROM:	TELENA WALLACE Name (Printed or typed)		
		OPEZ COURT	
		IVILLE FL 32216 State & Zip	
		-645-6313	

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)

. <u>ARTICLE I NAME</u>

The name of the corporation shall be:

TELENA WALLACE INC



ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8919 LOPEZ COURT JACKSONVILLE, FL 32216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BOOKKEEPING

<u>ARTICLE IV</u> 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):

TELENA WALLACE, PRESIDENT 8919 LOPEZ CT JACKSONVILLE, FL 32216

ARTICLE VI REGISTERED AGENT

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

TELENA WALLACE 8919 LOPEZ CT JACKSONVILLE, FL 32216

ARTICLE VII INCORPORATOR

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

TELENA WALLACE 8919 LOPEZ CT JACKSONVILLE, FL 32216

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

()elenallibleace	7/7/08
Signature/Registered Agent	Date
Quenalliallace	80/7/7
Signature/Incorporator	Date