

P04000022959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

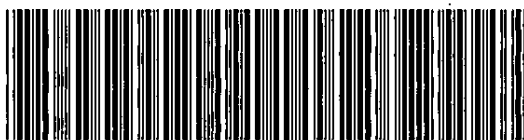
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/11/09--01016--018 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAR 11 P 3:03

FILED

3-12-09
JCC

COVER LETTER

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

SUBJECT: TOME DESIGNS, 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: JUAN TOME
Name (Printed or typed)

8164 WOODS LANDING TRAIL
Address

WEST PALM BEACH, FL 33411
City, State & Zip

561-310-8410
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:

TOME DESIGNS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

8164 WOODSLANDING TRAIL
WEST PALM BEACH, FL 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

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):

JUAN C. TOME, PRESIDENT

ARTICLE VI REGISTERED AGENT

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

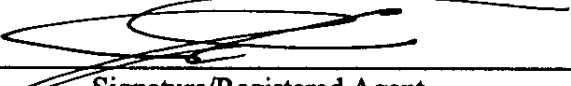
~~8164~~ 8164 WOODSLANDING TRAIL
WEST PALM BEACH, FL 33411

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JUAN C. TOME
8164 WOODSLANDING TRAIL
WEST PALM BEACH, FL 33411

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

3.9.09

Date



Signature/Incorporator

3.9.09

Date

FILED
2009 MAR 11 P 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA