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SECRETARY OF STATE
ALLAHASSEE, FI ORIGINA

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COVER LETTER

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

SUBJECT: THE CORNER (PROPOSED CORPORAT	STORE E NAME - MUST INCLUDE SUFFIX)	
Enclosed are an original and one (1) copy of the articl	les of incorporation and a check for:	
☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
FROM: GABRIEL SUAREE Name (Printed or typed)		
169D SHARKEY ST. Address \$50 -		
TALLAHASSEE, FL, 32304 FECH SET TO SE		
HO7-430- Daytime Telegraph of SarT E-mail address: (to be used to		

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: TNC CORNER The Shop ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 1690 SHARKEY ST. TALLAHASSEE, FL, 32304 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS ARTICLE IV The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS s), address(es) and specific title(s): GABRIEL SUAREZ (PRESIDENT) List name(s), address(es) and specific title(s): ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 6ABRIEL SUAREZ 1690 Sharkey st. tallahassee, FL, 32304 tallahassee, FL, 32304 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: GABRIEL SUAREZ 1690 sharkey st. tallahassee, FL, 32304 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 7-29-09 Date 7-29-09 Date

Registered Agent

Signature/Incorporator