

P10000019576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

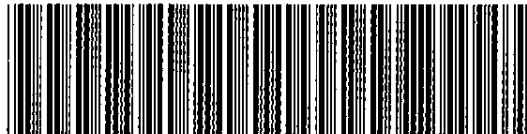
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000167646800

03/03/10--01021--001 \*\*70.00

FILED  
10 MAR -3 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3-4-10 CH

## COVER LETTER

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

**SUBJECT:** Tymorek, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Joseph A. Tymorek

Name (Printed or typed)

8669 Wellington Loop

Address

Kissimmee, Fl. 34747

City, State & Zip

407-396-0089

Daytime Telephone number

hottiesdetailinginc@gmail.com

E-mail address: (to be used for future annual report notification)

**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: *Tymorek, Inc.*

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: *same - Joseph A. Tymorek  
8669 Wellington Loop  
Kissimmee, Fl. 34747*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *to provide professional services  
for a profit.*

## ARTICLE IV SHARES

The number of shares of stock is: *10,000*

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): *Joseph A. Tymorek - President + Secretary  
8669 Wellington Loop  
Kissimmee, Fl. 34747*

## ARTICLE VI REGISTERED AGENT

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

*Joseph A. Tymorek  
8669 Wellington Loop  
Kissimmee, Fl. 34747*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Joseph A. Tymorek  
8669 Wellington Loop  
Kissimmee, Fl. 34747*

\*\*\*\*\*

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

*Joseph A. Tymorek*  
\_\_\_\_\_  
Signature/Registered Agent

*2/26/10*  
\_\_\_\_\_  
Date

*Joseph A. Tymorek*  
\_\_\_\_\_  
Signature/Incorporator

*2/26/10*  
\_\_\_\_\_  
Date

FILED  
10 MAR -3 PM 3:25  
CLERK OF STATE  
TALLAHASSEE, FLORIDA