

P11000073451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

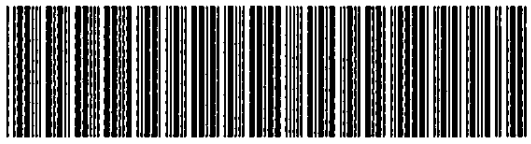
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400210803424

08/15/11--01030--014 \*\*70.00

11 AUG 15 AM 10:22  
TALLAHASSEE, FLORIDA

h 08/17/11

**COVER LETTER**

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

SUBJECT: Tu Mega Therriou Corp.  
(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: Larry Rogers, Jr. and Bridgett Nicole Grant  
Name (Printed or typed)  
202 Patio Circle  
Address  
Lehigh Acres, Fla 33976  
City, State & Zip  
(239) 895-7691  
Daytime Telephone number  
larryrogersjr@yahoo.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: Tu Mega Therrior Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
202 Patio Circle  
Lehigh Acres, Fl 33976

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To do business in the  
state of Florida to make a profit selling retail items and goods.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Larry Rogers Jr  
Address: 202 Patio Circle  
Lehigh Acres, Fla 33976

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Larry Rogers Jr  
Address: 202 Patio Circle  
Lehigh Acres, Fla 33976

RECEIVED  
DEPARTMENT OF STATE  
ALLAHACRES, FLORIDA  
11 AUG 15 AM 10:20

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

Larry Rogers Jr Required Signature/Registered Agent 8/11/11 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Larry Rogers Jr Required Signature/Incorporator 8/11/11 Date