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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

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

SUBJECT: TOTHA Investment Group Properties Inc (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 \$78.75 \$87.50 \$70.00 Filing Fee Filing Fee Filing Fee Filing Fee, Certified Copy & Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED **Tony Harvin** FROM: Name (Printed or typed) 8420 N Mulberry St Address Tampa, FL 33604 City, State & Zip 813-727-2672 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

tothainvgrp@gmail.com
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	PRINCIPAL OFFICE Principal street address 420 N Mulberry St	Mailing ado 8420 N Mulberry	dress, if different is: / St
Ţ	ampa, FL 33604	Tampa, FL 3360)4
RTICLE III ne purpose for w	hich the corporation is organized is:	al Estate Investing	
RTICLE IV	es of stock is: 2		
	INITIAL OFFICERS AND/OR DIRECTION Harvin President/ CEC		
Address:	8420 N Mulberry St		
	Tampa, FL 33604		
Name and Title: Address:		Name and Title:	
Name and Title:Address:		Name and Title:	
			0
			YSW SW
RTICLE VI	REGISTERED AGENT		AUG
	rida street address (P.O. Box NOT accept		29 °F
Name: Address:	Tony Harvin 8420 N Mulberry St		S-√ _{E1}
	Tampa, FL 33604		RP RP CH
מתו או זיינים	INCORPORATION		PATE 9: 5:
	INCORPORATOR ress of the Incorporator is:		S SE
Name:	Tony Harvin	<u> </u>	-51
Address:	Tony Harvin 8420 N Mulberry St Tampa, FL 33604		
is certificate, I an	ed as registered agent to accept service of In familiar with and accept the appointmen	t as registered agent and agree to ac	ration at the place designated t in this capacity
- hou	11 HOLAINE		8-25-11 Date
	Hequired Signature/Registered Age	ent	Date
		ein are true. I am aware that the fo	alse information submitted in
	epartment of State constitutes a third degre	ee felony as provided for in s.817.155	5, F.S.
			8-25-11