

P1100089597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

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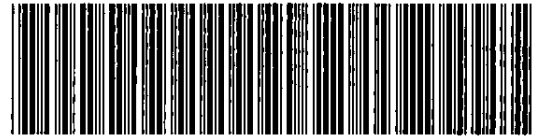
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200212225732

EFFECTIVE DATE 10-7-11

10/12/11--01006--001 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 12 AM 11:55

Rs 10/13/11

COVER LETTER

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

SUBJECT: T-M Eye Care, P.A.
(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: Margaret Tyrawa
Name (Printed or typed)

7573 141st St.
Address

Seminole FL 33776
City, State & Zip

727-688-8826
Daytime Telephone number

mtyrawa@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)

11 OCT 12 AM 11:55

ARTICLE I NAME

The name of the corporation shall be:

T-M Eye Care, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

11196 126 Ave N
LARGO FL 33778

Mailing address, if different is:

11196 126 Ave N
LARGO FL 33778

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Optometry

EFFECTIVE DATE 10-7-11

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Margaret Tyrawa
Address: 7578 141st St. NE
Seminole FL 33778

Name and Title: Margaret Tyrawa
Address: President
11196 126 Ave N.
LARGO, FL 33778

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Margaret Tyrawa
Address: 11196 126 Ave N
LARGO FL 33778

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Margaret Tyrawa
Address: 11196 126 Ave N
LARGO FL 33778

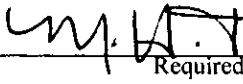
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/07/11
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.



Required Signature/Incorporator

10/07/11
Date

ARTICLE VIII - Effective Date of October 7th, 2011

The effective date for this corporation shall be: 10/07/2011