

7 11000100638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

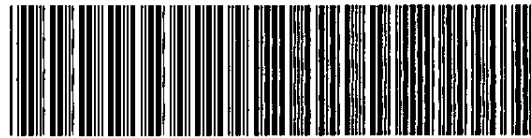
(Business Entity Name)

(Document Number)

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

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2011 NOV 21 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 23 2011

## COVER LETTER

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

SUBJECT: Tamega 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 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: Tamega Inc.

Name (Printed or typed)

2739 SE Eagle Drive

Address

Port St. Lucie, Fl. 34984

City, State & Zip

772-919-5986

Daytime Telephone number

msilva61@att.net

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

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

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**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: Tamega Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2739 SE Eagle Drive  
Port St. Lucie, FL 34984

Mailing address, if different is:

P.O. Box 8893  
Port St. Lucie, FL 34985

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Fernando Silva, President  
Address: 2739 SE Eagle Drive  
Port St. Lucie, FL 34984

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Maria L. Silva, Vice President  
Address: 2739 SE Eagle Drive  
Port St. Lucie, FL 34984

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: Maria L Silva  
Address: 2739 SE Eagle Drive  
Port St. Lucie, FL 34984

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Maria L. Silva  
Address: 2739 SE Eagle Drive  
Port St. Lucie, FL 34984

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TALLAHASSEE, FLORIDA

*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:*

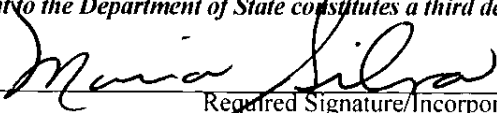


Required Signature/Registered Agent

11/18/2011

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

11/18/2011

Date