

P11 000106 479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

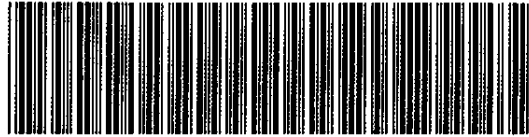
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Teeny's Social Services 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: TYKEASHA BROWN

Name (Printed or typed)

510 NW 199 Street

Address

Miami, FL. 33169

City, State & Zip

305 724-9497

Daytime Telephone number

cinije@yahoo.com

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

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

NOT RECORDED
AND
FILED

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:

Teeny's Social Services Inc.

11 DEC 15 AM 11:21

ARTICLE II PRINCIPAL OFFICE

Principal street address

510 NW 199 Street

Miami, FL 33169

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing address, if different is: Same as above.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Social services for homeless, low income families in the community.

ARTICLE IV SHARES

The number of shares of stock is: 500 shares @\$1.00 per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tykeasha Brown - President

Address: 510 NW 199 Street

Miami, FL 33169

Name and Title: _____

Address: _____

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: Charles Inije

Address: 3600 SE State Rd 7 Suite 2

Miramar, FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tykeasha Brown

Address: 510 NW 199 Street

Miami, FL 33169

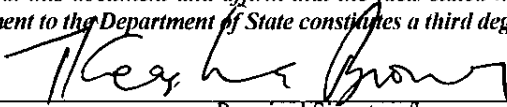
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

12/10/2011

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

12/10/2011

Date