

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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DIVISION OF CORPORATIONS
12 JAN 18 AM 11:06

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Ticket Delivery Services, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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12 JAN 18 PM 4:17
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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: Ticket Delivery 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: CT Corporation System

Name (Printed or typed)

1203 Governors Square Blvd., Suite 101

Address

Tallahassee, FL 32301

City, State & Zip

850-222-1092

Daytime Telephone number

wolf2144@gmail.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)

12 JAN 18 AM 11:06

ARTICLE I NAME

The name of the corporation shall be: Ticket Delivery Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7512 Dr. Phillips Blvd., Suite 50-191
Orlando, FL 32819

Mailing address, if different is:
7512 Dr. Phillips Blvd., Suite 50-191
Orlando, FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity.

ARTICLE IV SHARES

The number of shares of stock is: One Thousand (1,000) Common shares without par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert M. Boyar, President
Address: 7512 Dr. Phillips Blvd., Suite 50-191
Orlando, FL 32819

Name and Title: Robert M. Boyar, Secretary
Address: 7512 Dr. Phillips Blvd., Suite 50-191
Orlando, FL 32819

Name and Title: Robert M. Boyar, Director
Address: 7512 Dr. Phillips Blvd., Suite 50-191
Orlando, FL 32819

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: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Madonna Cuddihy
Address: 1200 S. Pine Island Road, Suite 250
Plantation, FL 33324

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

By: Madonna Cuddihy **Madonna Cuddihy**
C T Corporation System Special Assistant Secretary

01/17/2012
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.

Madonna Cuddihy
Required Signature/Incorporator

01/17/2012
Date