

PI 20000010105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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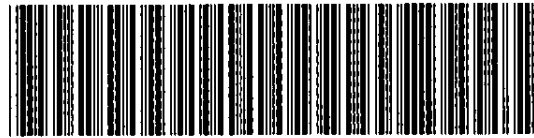
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

12 JAN 30 PM 3:37

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JAN 30 PM 3:45

PS 1/30/12

COVER LETTER

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

SUBJECT: Tha Thompson Group, 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: A. Khaliq Alansari

Name (Printed or typed)

550 Live Oak Street

Address

Saint Augustine, FL 32084

City, State & Zip

305-766-6651

Daytime Telephone number

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: **Tha Thompson Group, Inc**

ARTICLE II PRINCIPAL OFFICE

Principal street address
550 Live Oak St
St. Augustine, FL 32084

12 JAN 30 PM 3: 57
Mailing address, if different is:

9400 Roberts Drive
Unit 7g
Sandy Spring, GA 30350

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Professional Corporation

FEI# 45-4101589

ARTICLE IV SHARES

The number of shares of stock is: **1000000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Lark Thompson, Chairperson**
Address: **550 Live Oak St**
St. Augustine, FL 32084
75%

Name and Title: **A. Khaliq Alansari**
Address: **550 Live Oak St**
St. Augustine, FL 32084
25%

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: **A. Khaliq Alansari**
Address: **550 Live Oak St**
St. Augustine, FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **A. Khaliq Alansari**
Address: **550 Live Oak St**
St. Augustine, FL 32084


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

1-25-2012

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.


Required Signature/Incorporator

1-25-2012

Date