

P1200027045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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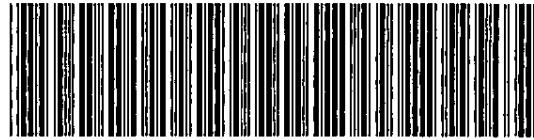
(Business Entity Name)

(Document Number)

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

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03/19/12--01021--003 \*\*75.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR 19 AM 11:12

PS 3/20/12

## COVER LETTER

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

SUBJECT: T & D Transfers 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: Tomer Pessi

Name (Printed or typed)

20855 NE 16th Avenue

Address

Miami FL 33179

City, State & Zip

305 770-1772

Daytime Telephone number

tommyp555@hotmail.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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: T & D Transfers Inc.

12 MAR 19 AM 11:12

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
20855 NE 16th Avenue  
Miami  
FL 33179

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Wholesale athletic shoes/apparel

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: <u>Tomer Pessi</u>	Name and Title: _____
Address: <u>5554 SW 28 Terrace</u>	Address: _____
<u>Ft Lauderdale</u>	_____
<u>FL 33312</u>	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Tomer Pessi  
Address: 5554 SW 28 Terrace  
Ft Lauderdale FL 33312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tomer Pessi  
Address: 5554 SW 28 Terrace  
Ft Lauderdale FL 33312

*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

03/14/2012

\_\_\_\_\_  
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

03/14/2012

\_\_\_\_\_  
Date