

P12000044619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

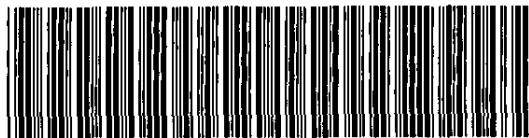
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
\$ 70.00

Office Use Only



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05/14/12--01007--017 **105.00

RECEIVED
2012 MAY 14 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 MAY 14 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
5/14/12

COVER LETTER

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

SUBJECT: Ms. Tutu's @ Padrece Place 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Vernica Brown
Name (Printed or typed)

PO BOX 724
Address

Midway FL 32343
City, State & Zip

850 576 7353
Daytime Telephone number


~~mt~~ mstutuzz@gmail.com
E-mail address: (to be used for future annual report notification)

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

5.14.12
P.O. Box 726
Midway Fl. 32343

To whom it concerns,

I have no plans of revoking the
dissolution of Ms Tutu's @ Patrice
Place inc. & I am releasing use of
name immediately.

Vernica 
5.14.12

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TALLAHASSEE, FLORIDA

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: Ms. Tutu's @ Patrice Place, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2450-3 Spring Hill Rd
Tallahassee FL 32305

Mailing address, if different is:
PO Box 726
Midway FL 32343

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: Vernica Brown
Address: PO Box 726
Midway FL 32343
President

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: Vernica Brown
Address: 2450 Suite 3 Spring Hill Rd
Tallahassee FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vernica Brown
Address: 2450 Suite 3 Spring Hill Rd
Tallahassee FL 32305

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

Vernica Brown
Required Signature/Registered Agent

5.14.12
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.

Vernica Brown
Required Signature/Incorporator

5.14.12
Date

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TALLAHASSEE, FLORIDA