

P12000052701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

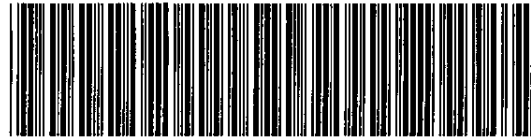
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400235845724

06/07/12--01002--012 **78.75

FILED
SERIALS
DIVISION
12 JUN - 6 AM 7:49

6/11
8

COVER LETTER

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

SUBJECT: The Total Dancer, 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: Tina Vairo
Name (Printed or typed)

3512 SW 92nd Street
Address

Gainesville, FL 32608
City, State & Zip

352-332-1632
Daytime Telephone number

tnvairo@bellsouth.net
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)

ARTICLE I NAME

The name of the corporation shall be: The Total Dancer, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3512 SW 92nd St.
Gainesville, FL
32608

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For selling dance and activewear, dance shoes and accessories.

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tina Vairo, President
Address: Treasurer
3512 SW 92nd Street
Gainesville, FL 32608

Name and Title: _____
Address: _____

Name and Title: Christie Matkovich,
Address: Vice-President Secretary
13461 NW 5th Lane
Newberry, FL 32669

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: Tina Vairo
Address: 3512 SW 92nd Street
Gainesville, FL 32608

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tina Vairo
Address: 3512 SW 92nd Street
Gainesville, FL 32608

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

Tina Vairo

Required Signature/Registered Agent

6-4-12

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.

Tina Vairo

Required Signature/Incorporator

6-4-12

Date