

# PR2000055841

\_\_\_\_\_  
 (Requestor's Name)

\_\_\_\_\_  
 (Address)

\_\_\_\_\_  
 (Address)

\_\_\_\_\_  
 (City/State/Zip/Phone #)

PICK-UP   
  WAIT   
  MAIL

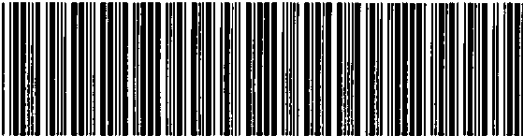
\_\_\_\_\_  
 (Business Entity Name)

\_\_\_\_\_  
 (Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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12 JUN 18 AM 9:18

RECEIVED  
 STATE OF TEXAS  
 DIVISION OF TAXATION

6/20

**COVER LETTER**

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

**SUBJECT:** 1774, 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 checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Tim Weatherspoon  
Name (Printed or typed)

5959 Collins Ave. Unit 604  
Address

Miami Beach, FL 33140  
City, State & Zip

(917) 558-7966  
Daytime Telephone number

tjweatherspoon@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 507 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

1774, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5959 Collins Ave. Unit 604

Miami Beach, FL 33140

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Media Management (Consulting)

ARTICLE IV SHARES

The number of shares of stock is:

1 (one)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tim Weatherspoon, President

Address: 5959 Collins Ave. Unit 604

Miami Beach, FL 33140

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: Tim Weatherspoon

Address: 5959 Collins Ave. Unit 604

Miami Beach, FL 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tim Weatherspoon

Address: 5959 Collins Ave. Unit 604

Miami Beach, FL 33140

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

X [Signature] Required Signature/Registered Agent

6/13/12 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.

X [Signature] Required Signature/Incorporator

6/13/12 Date

12 JUN 18 AM 9:18  
STATE DEPT OF STATE  
DIVISION OF CORPORATIONS