

P/2000102718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

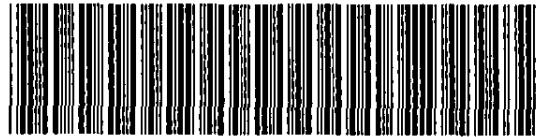
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12 DEC 19 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: TOWN-HOLIC, 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: Dominick J. Ardiz
Name (Printed or typed)
6161 Williams Rd.
Address
Tallahassee, FL 32311
City, State & Zip
850-284-7255
Daytime Telephone number
dominickardiz@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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: TOWN-AT-OLC, INC

EFFECTIVE DATE

1/1/2013

ARTICLE II PRINCIPAL OFFICE

Principal street address

Dominick Ardis - JMI - FSU College of Business
821 Academic Way RBB #117
Tallahassee, FL 32310-1110

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to have people addicted to their towns.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dominick J. Ardis - CEO
Address: 666 Williams Rd.
Tallahassee, FL 32311

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: Dominick J. Ardis, I
Address: 666 Williams Rd.
Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dominick J. Ardis, I
Address: 666 Williams Rd.
Tallahassee, FL 32311

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

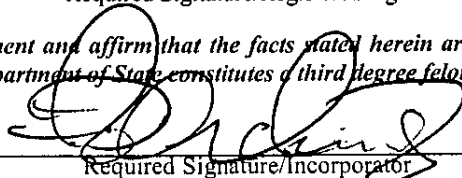


Required Signature/Registered Agent

12-19-12

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.



Required Signature/Incorporator

12-19-12

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA