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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch

COVER LETTER

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

SUBJECT: TAMAR Foundation 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Sherry Johnson
Name (Printed or typed)
400 Capital Circle SE Ste 18323
Address
Tallahassee, FL 32301
City, State & Zip
850-320-7867
Daytime Telephone number
tamarfoundation@yahoo.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:

TA'MAR Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

400 Capital Circle SE
Ste 18323 Tallahassee, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sherry Johnson - CEO
Address: 400 Capital Circle SE
Ste 18323
Tallahassee, FL 32301

Name and Title: _____
Address: _____

Name and Title: Dedric Hubbard - Sec.
Address: 412 Baton Rouge Ct
Tallahassee, FL 32301

Name and Title: _____
Address: _____

Name and Title: Victor Daniels - VP
Address: P.O. Box 11905
Tampa, FL 33680

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: Sherry Johnson
Address: 400 Capital Circle SE Ste. 18323
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Sherry Johnson
Address: 400 Capital Circle SE
Tallahassee, FL 32301

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

[Signature]
Required Signature/Registered Agent

2-13-13
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.

[Signature]
Required Signature/Incorporator

2-13-13
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA