

(Re	questor's Name)			
(Add	dress)			
(Add	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu:	siness Entity Nar	ne)		
(1)-				
(Do	cument Number)	٠		
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
·				

Office Use Only



600245322226

03/07/13--01019--021 **70.00

13 MAR - 7 PM 4:51

3/8 J

COVER LETTER

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

SUBJECT: Tower Gate Properties, Inc.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED	
FROM: V	/illiam McCloske	Y e (Printed or typed)		
10	00 Rialto Place, S	Suite 746		
	/	Address		
M	elbourne, FL 329			
(3	City. 21) 541-1262	State & Zip		
	Daytime T	elephone number		
bil	lmc@rnccloskeyass			
	E-mail address: (to be use	d 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)

The name of the corpor	ME ation shall be: Tower Gate Prope	erties, Inc.	·	
ARTICLE II PRINCIPAL OFFICE Principal street address William McCloskey		Mailing address, if different is:		
	ace, Suite 746			
Melbourne, F	L 32901			
ARTICLE III PUI The purpose for which	Profes	sional Corp	oration"	
			, , , , , , , , , , , , , , , , , , ,	
				ದ
ARTICLE IV SH. The number of shares o	<u>ARES</u> f stock is: 1,000		Area Control entrol Inte	HAR -7 PM L
	TIAL OFFICERS AND/OR DIRECTOR William McCloskey	S Name and Title:	25 m	4: 51
Address	100 Rialto Place	Address:		
	Suite 746	_		
	Melbourne, FL 32901	_		
Name and Title	Olesya Markushevskaya	Name and Title:	/ice President	
Address	100 Pialto Placo	Address:		
	Suite 746			· <u>.</u>
	Meibourne, FL 32901	- -		
Name and Title	×	Name and Title:		
Address				
		•		<u> </u>

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		泽 僧 基
Name:	lorida street address (P.O. Box NOT acceptable) of William McCloskey	the registered agent is:	
Address:	100 Rialto Place, Suite 746		
	Melbourne, FL 32901		PH W 5
ARTICLE VII	INCORPORATOR		20 S
The name and ac	Idress of the Incorporator is:		
Name:	William McCloskey		
Address:	100 Rialto Place, Suite 746		
	Melbourne, FL 32901		
	ned as registered agent to accept service of process am fumiliar with and accept the appointment as regi		
197/19	MC.		03/04/2013
	-Required Signature/Registered Agent		Date
I submit this does document to the	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the fo as provided for in s.817.15	alse information submitted in a 5, F.S.
<u> </u>			03/04/2013
	Required lignature/Incorporator		Date