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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	_	
AUTHORIZATION	7 c/es 7	

Office Use Only



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13 HAR IL PH # 27

SECRETARY OF STATE
ALLARIASSE F. LORIDA

MRD /3/14/13

3/12 WB-19186

COVER LETTER

Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Tiara	Logan	Quality		Inc
	(PR	OPOSED COR	PORATE NAME	- MUST INCLUDE	SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

Tiara Amanda
Name (Printed or typed)

2602 Southpointe Ct,

Kissimmee Florida 34746

321 - 245 - 3673

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



March 12, 2013

TIARA AMANDA LOGAN 2602 SOUTHPOINTE CT KISSIMMEE, FL 34746

SUBJECT: TIARA LOGAN QUALITY REPORTING

Ref. Number: W13000014186

We have received your document for TIARA LOGAN QUALITY REPORTING and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

Letter Number: 613A00005767

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>ICLE II PRI</u>	NCIPAL OFFICE Principal street address	Mailing ad	dress, if different is:
02.50	uthpointe Ct	-	
			
immee F	Iorida 34746		
ICLE III PUR	POSE Q	ร์เกe55	
ourpose for which	the corporation is organized is:	2111627	
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number of shares o	f stock is:		
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Name and Titl Address	rstock is: TIAL OFFICERS AND/OR DIRECT is: Ti ara Logan Report dud South pointe C	Address: 34746	
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Name and Titl Address	rial officers and/or directions. TIAL OFFICERS AND/OR DIRECTION E: Tiara Logan Report alway South pointe Court Kissimmee, Florida Secretary	Address: 34746 Name and Title:	
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Name and Title Name and Title Address	TIAL OFFICERS AND/OR DIRECTION To Logan Report dood Southpointe C Kissimmee, Florida Secretary ::	Name and Title: Address: Name and Title: Name and Title: Name and Title:	

FILED Name and Title: Name and Title: Address Address: TALLAHASSITE, FLORIDA ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: 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 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

Name: