

P13000048169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

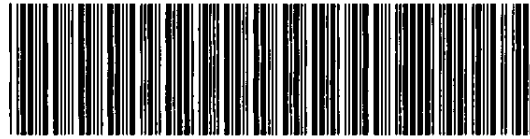
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600248404016

05/31/13--01009--001 \*\*78.75

FILED  
13 MAY 31 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: **TBK Services, 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: **Tasharla Knowles**

Name (Printed or typed)

**2010 NW 166th Street**

Address

**Miami, FL 33054**

City, State & Zip

**305-467-2847**

Daytime Telephone number

**mstasha@bellsouth.net**

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

STATE OF FLORIDA  
DIVISION OF STATE  
CORPORATIONS

13 MAY 31 AM 11:34

FILED

**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: TBK Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2010 NW 166th Street

Miami, FL 33054

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Tasharla Knowles (P)

Name and Title: \_\_\_\_\_

Address 2010 NW 166th Street

Address: \_\_\_\_\_

Miami, FL 33054

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

SECRET  
OFFICE OF STATE  
ATTORNEY GENERAL  
FLORIDA

13 MAY 31 AM 11:34

FILED

(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Tarshala Knowles  
Address: 2010 NW 166th Street  
Miami, FL 33054

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tarshala Knowles  
Address: 2010 NW 166th Street  
Miami, FL 33054

13 MAY 31 AM 11:34  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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*

Tarshala Knowles  
Required Signature/Registered Agent

05/28/2013  
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.*

Tarshala Knowles  
Required Signature/Incorporator

05/28/2013  
Date