## P1300081071

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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09/27/13--01019--027 \*\*78.75

13 SEP 27 PM 3: 54

or 10/2/13

## **COVER LETTER**

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

SUBJECT:	(PROPOSED CORPORA	TING + PLANNING	Services, I UDE SUFFIX)	INC.
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:	<b>-</b>
\$70.00 Filing Fee	\$78.75  Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED	
FROM:	5157 Kirki Spring H	Address  II FL 34  State & Zip  -4576  Telephone number		JIVISION OF OUR PURATION  13 SEP 27 PM 3: 54

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 1 NA The name of the corpo	AME ration shall be: TCD CONS 41+17	ug + Pli	ANNING SERVICES, INC.
	Principal street address	)	Mailing address, if different is:
5157 K	Cirkwood Ave.		ividining address, it difficient is:
^	Hill, 7L 34608		
30. 3			
	RPOSE  1 the corporation is organized is:	movide	CUSTOMENS WITH
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,	And Communication		J
<u> </u>			
			3
			<b>□</b> * (2)
			7 FILE
	HARES / A O O		<b>H</b> RPG ST <b>3:</b> OR
The number of shares	of stock is: / ODO	·	TATE
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	S	SX.
Name and Ti	110 JANICE C. Dieter	Name and T	ille: Richard W. Dieter, Jr.
Address	Prisident + CEO	_ Address:	VP, Secretary + Treasurer
	5157 Kinkwood Ave.	_	5157 Kinkwood Ave.
	Spring Hill, 7L 34608	-	Spring Hill, 7134608
Name and Tit	10: Richard W. Dieter, III	_ Name and T	ille: MARIANNE E. Dieter
Address	Director	_ Address:	Director
	3527 KEARNEY	_	1901 CANTERBURY COURT COV
	Memphis, TN 38111	-	Memphis, TN 38016
Name and Tit	le:	Name and T	itle:
Address		_ Address:	
		-	

Address	Address:	
	<u> </u>	
	TERED AGENT	
0	t address (P.O. Box NOT acceptable) of the registered ager	nt is:
Name: Kick	And W. Dieter, Jn.	
Address: 5/5'	1 Kirkwood Ave.	<b>13</b>
<u>501</u>	ing Hill, 7L 34608	SEP 27
ARTICLE VII INCORI	PORATOR	PH PH
The <u>name and address</u> of th	e Incorporator is:	Signal Alexander
Name:	Nice C. Dieter	74 USW
Address: 5/.5	7 Kinkwood Ave.	တ
50	ring Hill, 71 34608	
	stered agent to accept service of process for the above stat r with and accept the appointment as registered agent and a	
0-00	7 (	
Velhart a	equired Signature/Registered Agent	9/23/20/3 Date
I submit this document and	affirm that the facts stated herein are true. I am aware	that the false information submitted t
document to the Department	t of State constitutes a third degree felony as provided for it	n s.817.155, F.S.
Janue 1	Dute	9/23/13
	Required Signature/Incorporator	Date
V		
(	START DATE FOR	
	$\sim$ $\sim$ $\sim$	· Carri
JC	D CONSULTING + PLANN,	ing JERVICES, I'M

Name and Title: Name and Title: