

P13000091905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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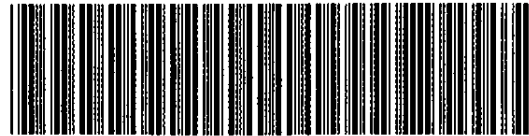
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/08/13--01014--015 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV - 8 PM 2:35

Ps 11/12/13

COVER LETTER

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

SUBJECT: Tandem management group, 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: Suzette Scipio
Name (Printed or typed)

325 Pabolo Point dr.
Address

Jacksonville FL 32225
City, State & Zip

904 460 6081
Daytime Telephone number

Suzette scipio @ 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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Tandam management group, 13 MAY - 8 PM 2:35

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1840 Southside Blvd
Ste 1A
Jacksonville, FL 32216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The primary purpose is
to consult with temporary services and
manage properties. (Bookkeeping, human resources,
and screening)

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Suzette Scipio (president) Name and Title: _____

Address: 1840 Southside Blvd Address: _____
Ste 1A
Jacksonville, FL 32216

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

(cont.)

13 NOV -8 PM 2:35

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: Suzette Scipio
Address: 1840 Southside Blvd. Spt. 1A
Jacksonville, FL 32216

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Suzette Scipio
Address: 1840 Southside Blvd. Spt. 1A
Jacksonville FL 32216

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

Suzette Scipio
Required Signature/Registered Agent

11-5-13
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.

Suzette Scipio
Required Signature/Incorporator

11-5-13
Date