PH00019326

(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:					



500256662285

02/18/14--01027--004 **70.00



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111KL-11882 MD3B

COVER LETTER

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

SUBJECT: 1 ari Ede, P.A.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation and	d a check for:
■ \$70.00 □ \$78.75	\$78.75	D \$07.50
		\$87.50
Filing Fee Filing Fee	Filing Fee	Filing Fce,
& Certificate of Status	& Certified Copy	Certified Copy
, r	1	& Certificate of
		Status
	ADDITIONAL COPY REQUIRED	
# ***	<u> </u>	
Taul Eda		
FROM: Tari Ede		
Name	(Printed or typed)	
11511 Villa Gran	d. Apt 518	
	Address	
Fort Myone FLOO	010	
Fort Myers, Fl 33		
City,	State & Zip	
239-770-1225		
Daytime T	elephone number	
taritaede@aol.com		
	d for future annual report :	notification)

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



February 19, 2014

TARI EDE 11511 VILLA GRAND, APT.518 FT.MYERS, FL 33913

SUBJECT: TARI EDE, P.A. Ref. Number: W14000010882

We have received your document for TARI EDE, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

The Corporation can not be its own officer. You must designate an individual or other business entity as an officer.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

Please return the corrected original and one copy of 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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 814A00003759

Division of Comparations D.O. POV 6297 Tollahossos Florida 2991

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

The name of the corporat	E Tari Ede, P.A.		<u> </u>
ARTICLE II PRII	VCIPAL OFFICE Principal <u>street</u> address	N	Mailing address, if different is:
11511 Villa G	irand #518		7 P 1
Fort Myers, F	FL 33913		The state of the s
			. OR.
ARTICLE III PURI The purpose for which the doing busine	POSE ne corporation is organized is: for a poss in Real Estate	rofessiona	al corporation
	res stock is: 100 rat officers and/or director Tari Ede	RS Name and Title:	
Address	11511 Villa Grand	_ Address:	
	#518	_	
	Fort Myers, FL 33913		
Name and Title:		_ Name and Title:	
Address		_ Address:	
Name and Title:		Name and Title:	
Address			
Addiess			
		-	

Name an	d Title:	Name and Title:	<u> </u>
Address		Address:	
ARTICLE VI The name and F Name: Address:	REGISTERED AGENT Sorida street address (P.O. Box NOT acceptable) of Tari Ede 11511 Villa Grand #518	the registered agent is:	14 FEB 28 1
Address.	Fort Myers, FL 33913		PH 2:
ARTICLE VII	INCORPORATOR		1 2: 20
The <u>name and ad</u>	Idress of the Incorporator is:		
Name:	Tari Ede		
Address:	11511 Villa Grand #518		
	Fort Myers, FL 33913		
Having been nan this certificate, I a	ned as registered agent to accept service of process am familiar with and accept the appointment as regi	for the above stated corporatio stered agent and agree to act in	n at the place designated in 1 this capacity
	Tari Edo		2/25/14
	Required Signature/Registered Agent		Date
I submit this doc document to the I	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the false as provided for in s.817.155, F	information submitted in a E.S.
	-tasi Edo		2/25/14
	Required Signature/Incorporator		Date