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(Re	equestor's Name)	•
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(Ci	ty/State/Zip/Phone	<del>= #)</del>
PICK-UP	☐ WAIT	MAIL
/D:	usings Estitution	
(Br	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

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

SUBJECT: Turi	ner Implementati	ion Partners,	Inc.
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 REQUI		PY REQUIRED
FROM:		e (Printed or typed)	
14	1131 Newcastle		
Sı	oring Hill, Florida	Address 34609	
	City,	State & Zip	
(7	27) 534-8900		
	Daytime T	elephone number	
jus	stinkturner@gmail.d		
<del></del>	E-mail address: (to be use	d 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)

14131 Newca	INCIPAL OFFICE Principal street address  astle Ave.	Mailing add	Mailing address, if different is:	
Spring Hill, F	lorida 34609			
ARTICLE III PUT The purpose for which implementati	RPOSE the corporation is organized is: to provon of technology projects	de consultation	for the	
			3 ST 6 C C C C C C C C C C C C C C C C C C	
			14 HAR 12	
ARTICLE IV SH The number of shares o	ARES 2000		FA DO: YE	
			.l·	
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR e: Justin Turner, President	<b>S</b> Name and Title:	.3	
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR		.3	
ARTICLE V INI Name and Titi Address	TIAL OFFICERS AND/OR DIRECTOR  e: Justin Turner, President  14131 Newcastle Ave.	Name and Title:		
ARTICLE V INI Name and Titi Address	Justin Turner, President  14131 Newcastle Ave.  Spring Hill, FL 34609	Name and Title: Address:  Name and Title:		
Name and Title Address  Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR  Let Justin Turner, President  14131 Newcastle Ave.  Spring Hill, FL 34609	Name and Title: Address:  Name and Title: Address:		

Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Justin Turner	_	
Address:	14131 Newcastle Ave.		
	Spring Hill, FL 34609	_	
ARTICLE VII	INCORPORATOR		
The name and ad	Idress of the Incorporator is:		
Name:	Justin Turner		
Address:	14131 Newcastle Ave.	_	
	Spring Hill, FL 34609	-	
Having been nan this certificate, I	ned as registered agent to accept service of proces am familiar with and accept the appointment as re	s for the above stated corporation gistered agent and agree to act in	at the place designated in this capacity
			3/7/2014
	Required Signature/Registered Agent	<del></del>	Date
I submit this doc	ument and affirm that the facts stated herein are Department of State constitutes a third degree felo	true. I am aware that the false in	information submitted in a S.
	Required Signature/Incorporator		3/7/2014 Date