

P14000027347

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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W14000003348



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 18 PM 1:56

g 3/21/14

**COVER LETTER**

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

**SUBJECT:** Tiki and associates 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:** Jennifer Loynaz

Name (Printed or typed)

7524 southside blvd Apartment 108

Address

Jacksonville FL 32256

City, State & Zip

786-300-6559

Daytime Telephone number

tikiandassociates@gmail.com

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

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

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2014

JENNIFER LOYNAZ  
7524 SOUTHSIDE BLVD.  
APARTMENT 108  
JACKSONVILLE, FL 32256

SUBJECT: N & J ASSOCIATES, CORP  
Ref. Number: W14000003348

RECEIVED

14 MAR 18 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for N & J ASSOCIATES, CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 614A00001150

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DIVISION OF CORPORATIONS

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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: Tiki and associates inc

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**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

7524 southside blvd

Apartment 108

Jacksonville Fl 32256

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: To engage in any activity or business permitted under the laws of the state of Florida.

**ARTICLE IV SHARES**  
The number of shares of stock is: 1,500 common shares per value of 0.01

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

Name and Title: <u>Director: Jennifer Loynaz</u>	Name and Title: <u>President: Jennifer Loynaz</u>
--	---

Address: <u>7524 southside blvd</u>	Address: <u>7524 southside blvd</u>
<u>Apartment 108</u>	<u>Apartment 108</u>
<u>Jacksonville fl 32256</u>	<u>Jacksonville fl 32256</u>

Name and Title: <u>Secretary: Jennifer Loynaz</u>	Name and Title: <u>Treasurer: Jennifer Loynaz</u>
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Address: <u>7524 southside blvd</u>	Address: <u>7524 southside blvd</u>
<u>Apartment 108</u>	<u>Apartment 108</u>
<u>Jacksonville fl 32256</u>	<u>Jacksonville fl 32256</u>

Name and Title: _____	Name and Title: _____
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Address: _____	Address: _____
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(conti.)

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:

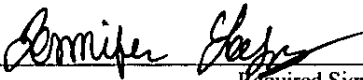
Name: Jennifer Loynaz  
Address: 7524 southside blvd Apartment 108  
Jacksonville fl 32256

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

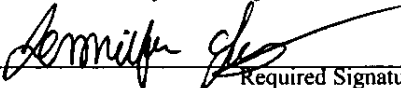
Name: Jennifer Loynaz  
Address: 7524 southside blvd  
Jacksonville fl 32256

*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*

  
Required Signature/Registered Agent

3/14/14  
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.*

  
Required Signature/Incorporator

3/14/14  
Date

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