

P14000028617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

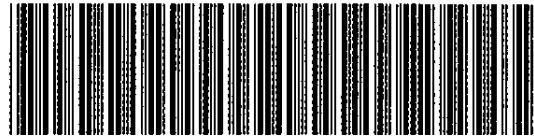
MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_



900258276449

03/28/14--01012--002 \*\*78.75

Special Instructions to Filing Officer:

CORRECTED ARTICLE IV  
(SHARES) TO READ "1",  
PER TELEPHONE  
CONVERSATION WITH  
TERESITA MARTINEZ.

Office Use Only

*K* 03/31/14

*K* 03/31/14

## COVER LETTER

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

SUBJECT: TLGM1, 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: Teresita Martinez  
Name (Printed or typed)

5323 SW 159 CT  
Address

Miami FL 33185  
City, State & Zip

305 562 7951  
Daytime Telephone number

teresitasanso@gmail.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)

**ARTICLE I NAME**

The name of the corporation shall be: TLGM1, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5323 SW 159 CT  
Miami FL 33185

Mailing address, if different is:

5323 SW 159 CT  
Miami FL 33185  
(SAME)

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Development and  
maintenance of properties.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Teresita Martinez  
Address: (president)  
5323 SW 159 CT  
Miami FL 33185

Name and Title: Laisy Martinez  
Address: (Vice President.)  
5323 SW 159  
CT Miami FL 33185

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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: Teresita Martinez  
Address: 5323 SW 159 CT  
Miami FL 33185

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Teresita Martinez  
Address: 5323 SW 159 CT  
Miami FL 33185

*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*

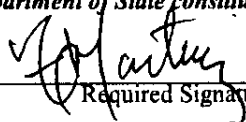


Required Signature/Registered Agent

3/25/14

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

3/25/14

Date