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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 APR 21 PM 3:42

4/22/14

**COVER LETTER**

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

**SUBJECT: TMS CONSULTING, 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: TOD SPECIALE**

Name (Printed or typed)

**4388 RE AL COURT**

Address

**ORLANDO, FL 32808**

City, State & Zip

Daytime Telephone number

**SPESH711@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: TMS CONSULTING, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4388 RE AL COURT

ORLANDO, FL 32808

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CONSULTING SERVICE IN ALL FIELDS  
SALES, MARKETING, BRANDING, MANAGEMENT AND OVER ALL  
PRODUCTION.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: TODD SPECIALE

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

Address 4388 RE AL COURT

Address: \_\_\_\_\_

ORLANDO, FL 32808

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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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: MICHELLE SPECIALE  
Address: 4388 RE AL COURT  
ORLANDO, FL 32808

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: TODD SPECIALE  
Address: 4388 RE AL COURT  
ORLANDO, FL 32808

*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*

Michelle Speciale  
Required Signature/Registered Agent

4-16-14  
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.*

Todd Speciale  
Required Signature/Incorporator

4-16-14  
Date