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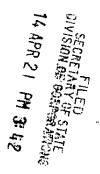
(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	⇒ #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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04/21/14--01030--008 **/8.75



400 1/22 or

COVER LETTER

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

SUBJECT: TMS CONSULTING, INC.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM:	OD SPECIALE			
	Name	(Printed or typed)		
43	888 RE AL COU	RT		
		Address		
OI	RLANDO, FL 32	808		
	City,	State & Zip		
	Daytime T	elephone number		
SF	ESH711@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)

ONSULTING, INC. Mailing address, if different controls and the control of the co	fferent is:	
	Mailing address, if different is:	
Ted is: CONSULTING SERVICE IN A	ALL FIELDS ER ALL	
	IVISION OF STATE OF STATE OF STATE	
ALE Name and Title:	12 JEE	
Name and Title:Address:		
	Address: Name and Title: Address: Name and Title:	

Name an	d Title:	Name and Title:
Address		Address:
ADMINI TO TO		
The name and Fi	<u>REGISTERED AGENT</u> orlda 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 ad	dress of the Incorporator is:	
Name:	TODD SPECIALE	
Address:	4388 RE AL COURT	
	ORLANDO, FL 32808	
Having been nam this certificate, I	ned as registered agent to accept service of process on familiar with and accept the appointment as reg	`^
1 ///	Required Signature/Registered Agent	4_16-14 Date
	ument and affirm that the facts stated herein are in particularly degree felong	rue. I am aware that the false information submitted in a provided for in s.817.155, F.S.
	Required Signature/Incorporator	9-16-19 Date