

COVER LETTER

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

SUBJECT: OPEN ARM TCM 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MARIO DAVIS

Name (Printed or typed)

821 N. NOVA ROAD SUITE 1B

Address

DAYTONA BEACH, FL. 32117

City, State & Zip

(386)256-9346

Daytime Telephone number

INFO@DUPONTTAX.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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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: OPEN ARMS TCM INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1609 BANNING BEACH DRIVE

TAVARES, FL. 32778

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CAREA GUNN-PRESIDENT

Name and Title: _____

Address 830 ASHWORTH OVERLOOK DRIVE

Address: _____

APOPKA, FL. 32712

Name and Title: KRYSTLE SMITH

Name and Title: _____

Address 425 NUESTRA PLACE

Address: _____

GROVELAND, FL 34736

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

14 JUN -3 PM 4:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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: CAREA GUNN
Address: 1609 BANNING BEACH ROAD
TAVARES, FL 32778

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIO DAVIS
Address: 821 N. NOVA ROAD SUITE 1B
DAYTONA BEACH, FL. 32117

14 JUN -3 PM 4:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

04/01/2014

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

04/01/2014

Date