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SECRETARY OF STATE

W14-30119

COVER LETTER

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

UBJECT:	JBJECT: OPEN ARM TCM INC. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l 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 PY 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.

COVER LETTER

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

SUBJECT: OPI	EN ARM TCM IN	IC.	
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d 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 CO	DPY REQUIRED
FROM: M	IARIO DAVIS		
	Name	e (Printed or typed)	_
82	21 N. NOVA RO	AD SUITE 1B	
		Address	
D	AYTONA BEACI	H, FL. 32117	
	City,	State & Zip	
(3	86)256-9346		
	Daytime T	elephone number	

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

INFO@DUPONTTAX.COM

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

name of the corp			
TICLE II P	RINCIPAL OFFICE Principal street address	Mailing a	ddress, if different is:
09 BANN	ING BEACH DRIVE		
AVARES,	FL. 32778		
TICLE III P	TRPOSE th the corporation is organized is: ANY A	ND ALL LAWFU	IL BUSINESS
purpose for which	on the corporation is organized is:		
			,
	•		
	We to 1		
FICIFIV S	HADES		
FICLE IV S.	HARES of stock is:		74 S S
number of shares	of stock is:	s	14 JUH SECRI TALLAI
number of shares	of stock is: Z	_	14 JUN -3 SECRETAR TABLAHAS
number of shares TICLE V II Name and T	of stock is:	Name and Title:	20 50 to
number of shares	of stock is: Z VITIAL OFFICERS AND/OR DIRECTOR itle: CAREA GUNN-PRESIDENT 830 ASHWORTH OVERLOOK DRIVE	_	-3 PM 4:
number of shares TICLE V II Name and T	of stock is: Z VITIAL OFFICERS AND/OR DIRECTOR itle: CAREA GUNN-PRESIDENT	Name and Title:	20 50 to
number of shares FICLE V II Name and T Address	of stock is: 2 NITIAL OFFICERS AND/OR DIRECTOR itle: CAREA GUNN-PRESIDENT 830 ASHWORTH OVERLOOK DRIVE APOPKA, FL. 32712	Name and Title: Address:	ASSEE TLURIDA
Name and Ti	of stock is: Z NITIAL OFFICERS AND/OR DIRECTOR itle: CAREA GUNN-PRESIDENT 830 ASHWORTH OVERLOOK DRIVE APOPKA, FL. 32712 tle: KRYSTLE SMITH	Name and Title: Address: Name and Title:	ASSEE ILURIDA
number of shares FICLE V II Name and T Address	of stock is: 2 NITIAL OFFICERS AND/OR DIRECTOR itle: CAREA GUNN-PRESIDENT 830 ASHWORTH OVERLOOK DRIVE APOPKA, FL. 32712	Name and Title: Address: Name and Title:	ASSEE TLURIDA
Name and Ti	of stock is: 2 NITIAL OFFICERS AND/OR DIRECTOR itle: CAREA GUNN-PRESIDENT 830 ASHWORTH OVERLOOK DRIVE APOPKA, FL. 32712 tle: KRYSTLE SMITH 425 NUESTRA PLACE	Name and Title: Address: Name and Title:	ASSEE ILURIDA
Name and Ti Address Name and Ti Address	MITIAL OFFICERS AND/OR DIRECTOR itle: CAREA GUNN-PRESIDENT 830 ASHWORTH OVERLOOK DRIVE APOPKA, FL. 32712 tle: KRYSTLE SMITH 425 NUESTRA PLACE GROVELAND, FL 34736	Name and Title: Address: Name and Title: Address:	ASSEE TLORDA
Name and Ti Address Name and Ti Address	of stock is: 2 NITIAL OFFICERS AND/OR DIRECTOR itle: CAREA GUNN-PRESIDENT 830 ASHWORTH OVERLOOK DRIVE APOPKA, FL. 32712 tle: KRYSTLE SMITH 425 NUESTRA PLACE	Name and Title: Address: Name and Title: Address:	ASSEE TLORDA

Name a	na Title:	Name and Title:
Addres		Address:
ARTICLE VI	REGISTERED AGENT	ake we introduced according
Name:	Florida street address (P.O. Box NOT acceptable) of CAREA GUNN	the registered agent is:
Address:	1609 BANNING BEACH ROAD	
	TAVARES, FL 32778	₹ SE
ARTICLE VII	INCORPORATOR	
The <u>name and a</u>	ddress of the Incorporator is:	fric 7
Name:	MARIO DAVIS	<u> </u>
Address:	821 N. NOVA ROAD SUITE 1B	705 100 100 100 100 100 100 100 100 100 1
	DAYTONA BEACH, FL. 32117	
	med as registered agent to accept service of process am familiar with and accept the appointment as regi	for the above stated corporation at the place designated in stered agent and agree to act in this capacity 04/01/2014
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
1/2 80		04/01/2014
6	Required Signature/Incorporator	Date

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