

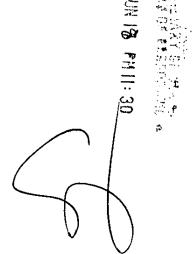
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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06/18/14--01023--013 **/8.75



COVER LETTER

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

SUBJECT:	TSD Parti		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	John Wood Nam 6040 SW Z	e (Printed or typed) Address	

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

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)

ARTICLE I NAM The name of the corpora	ME tion shall be: TSD Pa	rtners	TUC, 18 PHII: 30
ARTICLE II PRI	NCIPAL OFFICE Principal street address Sev 20 fh 5 f 1 y FC 33155		Mailing address, if different is:
ARTICLE III PUR The purpose for which is Podium Document	pose he corporation is organized is: Desired but sincluding ement of St essential ma	ignaue Elet pr full one au leria	sourcing and
The number of shares of	FIAL OFFICERS AND/OR DIRECTOR	Name and Title: Address:	
Name and Title Address	fresisont/CEO		
Name and Title Address		Name and Title:	

Name and Title	Name and Title:
Address	Address:
The name and Florida	ISTERED AGENT treet address (P.O. Box NOT acceptable) of the registered agent is:
Name: R	egistered Agents, Inc. 30 N. Rocky Point Dr. Ste 150A
Address: 30) BO N. Rocky Point Dr. Ste 150A
	ampa, FL 33607 Hillsborouch, County
ARTICLE VII INC	ORPORATOR
The name and address	of the Incorporator is:
Name:	John Wood
Address:	6040 Sw 20th St
_	Miani, FC 33155
	registered agent to accept service of process for the above stated corporation at the place designated in iliar with and accept the appointment as registered agent and agree to act in this capacity
Dank	Required Signature/Registered Agent 6/11/14 Date
	and affirm that the facts stated herein are true. I am aware that the false information submitted in a nent of State constitutes a third degree felony as provided for in s.817.155, F.S.
John	Required Signature/Incorporator Date