

P/4000072816

(Requestor's Name)

(Address)

(Address)

(City/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



900263702559

09/03/14--01001--015 **70.00

RECEIVED
DEPARTMENT OF STATE
106600001000
SUFFICIENCY OF FILING

2014 SEP -2 16 4: 41

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

14 SEP -2 PM 4: 50

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

09/02/14

COVER LETTER

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

SUBJECT: 10 Tillig Citi Clownz, 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: Derrick O. Williams

Name (Printed or typed)

321 Behwinkle Dr. Apt. A.

Address

Tallahassee, Florida 32301

City, State & Zip

850) 405-4010

Daytime Telephone number

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: 10 Till 9 Citi Clownz, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

321 Rehwinke Dr Apt. A.
Tallahassee, FL 32301

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To explore, create jobs, entertain,
clothing, promote, promotional, musical, clothing line, novelty's
to make profit, donate, fundraiser.

ARTICLE IV SHARES

The number of shares of stock is:

~~1000~~ 4

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP - 2 PM 4:50

APPROVED
FILED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Derrick O. Williams</u>	Name and Title:	<u>C.E.O.</u>
Address:	<u>321 Rehwinke Dr Apt A.</u> <u>Tallahassee</u>	Address:	

Name and Title:	<u>Dominic O. Yates</u>	Name and Title:	<u>President</u>
Address:	<u>321 Rehwinke Dr Apt A.</u> <u>Tallahassee, FL 32301</u>	Address:	

Name and Title:	<u>Gail Yates</u>	Name and Title:	<u>Vice President</u>
Address:	<u>321 Rehwinke Dr Apt A.</u> <u>Tallahassee, FL 32301</u>	Address:	

(cont.)

Name and Title: Shontrel Ward Name and Title: C.O.O.
Address: 321 Behwinkle Dr. Apt. A Address: _____
Tallahassee, FL 32301 _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Derrick Williams
Address: 321 Behwinkle Dr. Apt. A.
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Derrick Williams
Address: 321 Behwinkle Dr. Apt. A.
Tallahassee, FL 32301

RECEIVED
TALLAHASSEE, FLORIDA

14 SEP - 2 PM 1:50

RECEIVED
AND
FILED

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

Derrick O. Williams

Required Signature/Registered Agent

09/02/14

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.

Derrick O. Williams

Required Signature/Incorporator

09/02/14

Date