

P 14000073482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

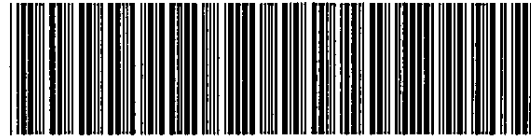
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000263734070

09/02/14--01052--009 **78.75

FILED
14 SEP - 2 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/4/14

COVER LETTER

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

SUBJECT: TIKVITA CORPORATION
(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: Veronica V. Manrique
Name (Printed or typed)

1950 West 54 Street #122
Address

Hialeah, Florida 33012
City, State & Zip

(786) 641-0999
Daytime Telephone number

veronicamanrique@hotmail.com
E-mail address: (to be used for future annual report notification)

FILED
14 SEP -2 PM 4: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

FILED

14 SEP -2 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Tikvita Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1950 West 54 St. #122

Hialeah, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all Lawfull business

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Veronica V. Manrique, Director

Name and Title: ANTONIA J. MENDER, VICE DIRECTOR

Address: 1950 West 54 Street #122
Hialeah, Florida 33012

Address: 1950 WEST 54 ST #122
HIALEAH, FL 33012

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(cont.)

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: Veronica V. Manrique
Address: 1950 West 54 Street #122
Hialeah, Florida 33012

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Veronica V. Manrique
Address: 1950 West 54 Street #122
Hialeah, Florida 33012

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
8/27/14
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.

Required Signature/Incorporator
8/27/14
Date

FILED
14 SEP -2 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA