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| (F | Requestor's Name) | | |
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| (0 | City/State/Zip/Phone | e #) | |
| PICK-UP | WAIT | MAIL | |
| (E | Business Entity Nar | me) | |
| (Document Number) | | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to | o Filing Officer: | | |
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Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| Tallahassee, FL 323 | 314 | | |
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| , | TITAN ENTER | OF FLOI | LIDA |
| | A | . V _ | |
| SUBJECT: | ITAN ENTER | prises INCO | PORATED |
| | (PROPOSED CORPORA | ATE NAME – MUST INCL | <u>UDE SUFFIX</u>) |
| | | | |
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | i a check for: |
| □ \$70.00 | \$78.75 | □ \$78.75 | \$87.50 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| | & Certificate of Status | & Certified Copy | Certified Copy |
| | | | & Certificate of |
| , | | ADDITIONAL | Status |
| | | ADDITIONAL CO | DPY REQUIRED |
| | | | |
| | | | |
| EDOM: | BRIAN G FA | LSTROM | |
| rkowi. | Nam | e (Printed or typed) | |
| | 211.2 1 11.6 | | • |
| | 3462 LAKE SA | CONE BRIVE | |
| | | | |
| | TA 11 A HASSEE | FLORIDA | 32312 |
| | City | , State & Zip | |
| | | | |
| <u></u> | 850 509 5 | | · |
| | Daytime 7 | relephone number | |
| | | | iL. Com |
| | 711AN CHSS I. E-mail address: (to be use | ed 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 | on shall be: 7/TAN | ENTE | rprises | OFF | CORIDA | ORATE | 5D |
|---|--------------------------------------|----------|--------------------------|---------------|---------------------------------------|---------------|--------------|
| ARTICLE II PRINC | CIPAL OFFICE rincipal street address | | | | ddress, if differ | | |
| 3462 CA | KESMONE DRIVE | É | | N | IA | | |
| PMIAUA | Asse, Morida | | | / | | | |
| • • | 32312 | <u></u> | | | | | |
| The purpose for which the | corporation is organized is: | Any | AND | <u> 411</u> | lawru | ,८ | |
| | | | | | _1_7_ | | |
| | | | | - t | | | |
| | | • | | | | FR | 15 JAH |
| ARTICLE IV SHAR The number of shares of sto | ock is: / O O AL OFFICERS AND/OR DI | RECTORS | _ | | | | 13 88110: 34 |
| Name and Title:_ | BRIAN G FAC | STROM 1 | PNES! Name and Title: | DEN | <i></i> | | |
| Address | 3462 LAKES | Hont ! | _ | | • | | |
| _ | TAHAMASSEE, | fla. | | | ······ | - | |
| - | 323 | 312 | | | | | |
| Name and Title: | | 1 | Name and Title: | | | | |
| Address | | <i>·</i> | Address: | - | | | |
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| Name and Title: | | 1 | Name and Title: | | | | • |
| Address | | | Address: | | | <u></u> | |
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| | | | | | | | |

| Name and Title: | Name and Title: |
|---|---|
| Address | Address: |
| | |
| | |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address (P.O. Box NO | |
| Name: BRIAN G FALS | |
| Address: 3462 LAKES | HORE Dn |
| TALLAMASSEE | FG. 32312 |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| Name: BriANG | -ALSTRON |
| Address: 3462 CAKE SI | 10nt Dn |
| 1 TAILAHASSEE | FLA 32312 |
| | rvice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity |
| 1Aly | 1/13/2015 |
| Required Signature/Regist | ered Agent / Date |
| t submit this document and affirm that the facis su document to the Department of State constitutes a th | ated herein are true. I am aware that the false information submitted in a ird degree felony as provided for in s.817.155. F.S. |
| | 1/13/2015 pate |
| Required Signature/Inco | rporator / Pate |
| | |