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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: THE TANDEM GROUP, 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: ALBERT LOPEZ
Name (Printed or typed)

749 REGENCY RESERVE Circle No 5103
Address

NAPLES, FLORIDA, 34119
City, State & Zip

239-571-5338
Daytime Telephone number

P.O. BOX 11864, NAPLES, FL. 34101
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: THE TANDEM GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

749 REGENCY RESERVE

P.O. BOX 11864

CIRCLE No 5103

NAPLES, FLORIDA

NAPLES, FLORIDA 34119

34101

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BUSINESS MANAGEMENT
CONSULTING

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CLERK OF SUPERIOR COURT
ALABAMA
STATE
FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: ONE THOUSAND (1,000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALBERT LOPEZ Name and Title: _____

Address: PRESIDENT Address: _____

749 REGENCY Address: _____

RESERVE CIRCLE Address: _____

No 5103 Address: _____

NAPLES, FLORIDA Address: _____

34,119 Address: _____

Name and Title: JUTTA V. LOPEZ Name and Title: _____

Address: TREASURER & SECRETARY Address: _____

749 REGENCY RESERVE Address: _____

CIRCLE No 5103 Address: _____

NAPLES FLORIDA Address: _____

34,119 Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

15 JAN 21 PM 2:39
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ALBERT LOPEZAddress: 749 REGENCY RESERVE CIRCLE No 5103
NAPLES, FLORIDA 34119**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ALBERT LOPEZAddress: 749 REGENCY RESERVE CIRCLE No 5103
NAPLES, FLORIDA, 34119

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

A. Lopez
 Required Signature/Registered Agent

1/15/2015
 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.

A. Lopez
 Required Signature/Incorporator

1/15/2015
 Date