

P15000036827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

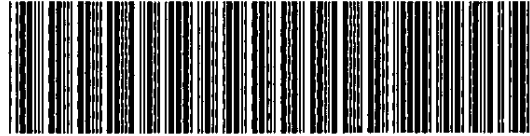
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/20/15--01032--004 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 20 PM 1:29

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: **TILA ENTERPRISES 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: **ITAMAR TILA-COHEN**

Name (Printed or typed)

1110 VENETIAN WAY #1C

Address

MIAMI BEACH, FL 33139

City, State & Zip

347-403-2991

Daytime Telephone number

TILA.ITAMAR@YAHOO.COM

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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: TILA ENTERPRISES INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1110 VENETIAN WAY #1C

MIAMI BEACH, FL 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to benefit the general public by selling
products that will help the lives of the consumer.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ITAMAR TILA-COHEN Name and Title: _____

Address 1110 VENETIAN WAY #1C Address: _____

MIAMI BEACH, FL _____

33139 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVAL
AND
FILED (cont.)

15 APR 20 PM 1:29

| | |
|-----------------------|-----------------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address _____ | Address: SECRETARY OF STATE |
| _____ | TALLAHASSEE, FLORIDA |
| _____ | _____ |

ARTICLE VI REGISTERED AGENT

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

Name: ALON TILA-COHEN
Address: 3517 BARBADOS AVE.
COOPER CITY, FL 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALON TILA-COHEN
Address: 3517 BARBADOS AVE.
COOPER CITY, FL 33026

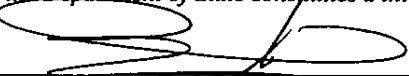
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

04-16-2015
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.



Required Signature/Incorporator

04-16-2015
Date