

P15 000037430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

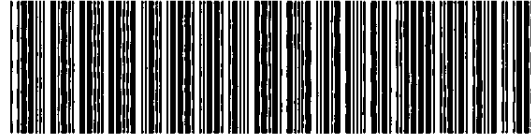
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
OLD HAMPSHIRE COUNTY

NEWS 4/20/15

RODRIGUEZ
3405 S.W. 9 Avenue
Cape Coral, FL 33914
tifmariez@gmail.com

April 14, 2015

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

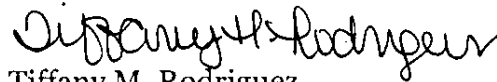
Re: TMR Administrative Solutions, Inc. – Articles of Incorporation and payment

Dear Sir/Madam:

Enclosed find my cover letter, the and original and (1) one copy of the executed articles of incorporation, and check no. 214 payable to Florida Department of State for your consideration.

Should you have any questions, please contact me at 239-336-4060.

Respectfully,


Tiffany M. Rodriguez

COVER LETTER

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

SUBJECT: TMR Administrative Solutions, 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: Tiffany M .Rodriguez

Name (Printed or typed)

3405 S.W. 9 Avenue

Address

Cape Coral, FL 33914

City, State & Zip

239-336-4060

Daytime Telephone number

tifmariez@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: TMR Administrative Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3405 S.W. 9 Avenue
Cape Coral, FL 33914

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: one (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tiffany M. Rodriguez, President

Name and Title: _____

Address: 3405 S.W. 9 Avenue
Cape Coral, FL 33914

Address: _____

Name and Title: Tiffany M. Rodriguez, VP

Name and Title: _____

Address: 3405 S.W. 9 Avenue
Cape Coral, FL 33914

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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2015 APR 20 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FL 32399

(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: Tiffany M. Rodriguez
Address: 3405 S.W. 9 Avenue
Cape Coral, FL 33914

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tiffany M. Rodriguez
Address: 3405 S.W. 9 Avenue
Cape Coral, FL 33914

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.

Tiffany M. Rodriguez
Required Signature/Registered Agent

4/14/2015
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.

Tiffany M. Rodriguez
Required Signature/Incorporator

4/14/2015
Date