

PIS 000039163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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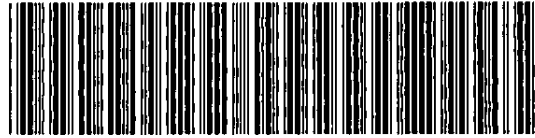
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 MAY -1 AM 11:35  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
2015 MAY -1 AM 11:54  
SECRETARY OF STATE  
ALABAMA STATE TOLSON

2/5/15

## COVER LETTER

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

SUBJECT: Laurie Wimsan Release Consulting 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Tamiko Christophe  
Name (Printed or typed)

1800 Miccosukee Commons Drive APT 124  
Address

Tallahassee, Florida 32308  
City, State & Zip

850-264-0253  
Daytime Telephone number

Shayla72003@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)

**ARTICLE I NAME**

The name of the corporation shall be: Laurie Wingshan Release Consulting Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1800 Miccosukee Commons Drive APT 124  
Tallahassee, FL 32308

1800 Miccosukee Commons Drive APT 124  
Tallahassee, FL 32308

**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: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Tamiko Christophe President Name and Title: \_\_\_\_\_

Address 1800 Miccosukee Commons Address: \_\_\_\_\_  
Drive APT 124  
Tallahassee, FL 32308

Name and Title: Tamiko Christophe CEO Name and Title: \_\_\_\_\_

Address 1800 Miccosukee Commons Address: \_\_\_\_\_  
Drive APT 124  
Tallahassee, FL 32308

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
2016 MAY -1 AM 11:54  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(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: Tamiko Christophe  
Address: 1800 Miccosukee Commons Drive APT 124  
Tallahassee, FL 32308

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tamiko Christophe  
Address: 1800 Miccosukee Commons Drive APT 124  
Tallahassee, FL 32308

*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*

Tamiko Christophe 5/1/2015  
Required Signature/Registered Agent 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.*

Tamiko Christophe 5/1/2015  
Required Signature/Incorporator Date