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ATLANTA, GEORGIA

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COVER LETTER

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

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

FROM: PATRICIA THOMAS
Name (Printed or typed)

5570 N.W. 44th STREET APARTMENT A217
Address

LAUDERHILL, FL. 33319
City, State & Zip

954-709-7695
Daytime Telephone number

PTWW4@AOL.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: THOMIK INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
5570 NW 44th STREET

Mailing address, if different is:

APARTMENT A217

LAUDERHILL, FL. 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: NURSING AGENCY

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES @ \$1.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia Thomas - President

Name and Title: _____

Address 5570 N.W. 44th STREET

Address: _____

APARTMENT A217

LAUDERHILL, FL. 33319

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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: Charles Inije
Address: 21400 nw 2nd avenue suite 214
Miami, fl. 33136

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Patricia Thomas
Address: 5570 N.W. 44th street Apartment A217
Lauderhill, Fl. 33319

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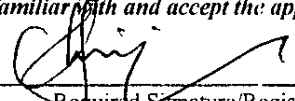
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

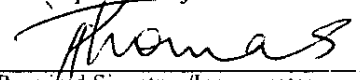
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent
6/30/2015

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
6/30/2015

Date