

P15000058080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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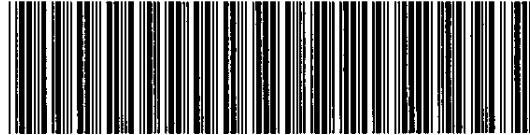
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/29/15--01016--023 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUN 29 AM 10:16

7-14-15 AL

COVER LETTER

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

SUBJECT: Tailor Express, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Sergiu Liveanu

Name (Printed or typed)

313 Cliff Street

Address

Walden, NY 12586

City, State & Zip

845 202 0273

Daytime Telephone number

rliveanu@tailorexpress.us

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: Tailor Express, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

437 Golden Isles Drive, #16E

313 Cliff Street

Hallandale, FL 33009

Walden, NY 12586

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful business purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

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15 JUN 20 AM 10:16

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sergiu Liveanu - President

Name and Title: _____

Address 313 Cliff Street

Address: _____

Walden, NY 12586

Name and Title: Robert Liveanu - Vice President

Name and Title: _____

Address 437 Golden Isles Drive, #16E

Address: _____

Hallandale, FL 33009

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Robert Liveanu
Address: 437 Golden Isles Drive #16E
Hallandale, FL 33009

ARTICLE VII INCORPORATOR

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

Name: Robert Liveanu
Address: 437 Golden Isles Drive #16E
Hallandale, FL 33009

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

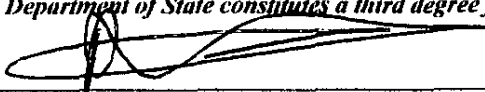


Required Signature/Registered Agent

6/25/2015

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

6/25/2015

Date