

P15000070725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W15-52105

Office Use Only



600275443496

07/30/15--01015--011 **78.75

AUG 27 2015

W PAINTER

CLERK OF STATE
TREASURY DEPT
HARRISBURG, PA 17104

15 AUG 20 PM 6:34

FILED

COVER LETTER

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

SUBJECT: T & K UST Corporation
(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: Naren Johnson
Name (Printed or typed)

216 East Pisa Place
Address

ST. AUGUSTINE FL. 32084
City, State & Zip

386-290-6706
Daytime Telephone number

Johnson3211725@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2015

KAREN JOHNSON
216 EAST PISA PLACE
ST AUGUSTINE, FL 32084

RECEIVED AUG 11 2015

SUBJECT: T & K VEST CORPORATION
Ref. Number: W15000052105

We have received your document for T & K VEST CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE RESUBMIT ENTIRE FORM. WE ONLY RECEIVED 1 OF 2 PAGES.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WESTLEE A PAINTER
Regulatory Specialist II

Letter Number: 015A00016201



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2015

KAREN JOHNSON
216 EAST PISA PLACE
ST AUGUSTINE, FL 32084

SUBJECT: T & K VEST CORPORATION
Ref. Number: W15000052105

We have received your document for T & K VEST CORPORATION and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

MR AND MRS ARE NOT ACCEPTABLE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WESTLEE A PAINTER
Regulatory Specialist II

Letter Number: 415A00017017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2015

RECEIVED AUG 24 2015

KAREN JOHNSON
216 EAST PISA PLACE
ST AUGUSTINE, FL 32084

SUBJECT: T & K VEST CORPORATION
Ref. Number: W15000052105

We have received your document for T & K VEST CORPORATION and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
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WESTLEE A PAINTER
Regulatory Specialist II

Letter Number: 415A00017017

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:

T & K VEST CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

216 EAST PISA PL.
ST AUGUSTINE FL 32084

216 EAST PISA PL.
ST AUGUSTINE FL 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

UP MAKE VARIOUS VEST AND UNIFORMS
FOR BARBERS, BEAUTICIANS, TRUCKERS AND BIKERS
BUT NOT LIMITED TO.

Creating vest our own personal touch.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

MR. KAREN JOHNSON

Name and Title:

Director
MR. ANTHONY JOHNSON

Address

216 EAST PISA PL.
ST. AUGUSTINE FL
32084

Address:

216 EAST PISA PL.
ST AUGUSTINE FL
32084

Officer and Director

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

15 AUG 20 PM 6:35
SECRETARY OF STATE
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: Karen Johnson

Address: 216 east Pisa Place

St Augustine Fl. 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Karen Johnson

Address: 216 East Pisa Pl

St Augustine Fl. 32084

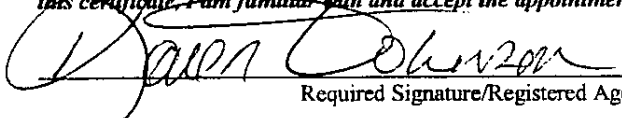
ARTICLE VIII EFFECTIVE DATE:

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

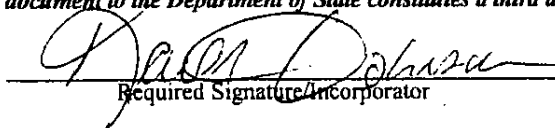


Required Signature/Registered Agent

8/7/15

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

8/7/15
15 AUG 20 PM 6:35
FILED
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 8/7/15 BY SP12A