P15000076876

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000211041 3)))

H15000211041 3ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

15 SEP 1 PM 8:11
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Please file on late it was faxed 9-1-15

15 SEP 15 PM 3:

Tara Christie Inc

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$78.75

997769

Refax 9-18-15

Electronic Filing Menu Corporate Filing Menu Help

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2015

E-FILE- CORP USA

SUBJECT: TCS INC
REF: W15000059660

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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.

Carol Mustain
Regulatory Specialist II

FAX Aud. #: H15000211041
Letter Number: 815A00019268

P.O BOX 6327 – Tallahassee, Florida 32314

H15000211041

(2)

COVER LETTER

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

SUBJECT: Tara Christie 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: Tara Slavin
Name (Printed or Typed)

1130 NW 94th Way
Address

Plantation, FL 33322
City, State & Zip

305-775-8272
Daytime Telephone number

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

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

FILED
15 SEP 1 PM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Tara Christie Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
1130 NW 94th Way	
Plantation, FL 33322	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To transact any Unlawfull Bussines

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Tara Slavin President	Name and Title:	
Address	1130 NW 94th Way Plantation, FL 33322	Address:	
Name and Title:	Scott Slavin, Treasurer	Name and Title:	
Address	1130 NW 94th Way Plantation, FL 33322	Address:	
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: Tara Slavin

Address: 1130 NW 94th Way

Plantation, FL 33322

ARTICLE VII INCORPORATOR

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

Name: Tara Slavin

Address: 1130 NW 94th Way

Plantation, FL 33322

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

Tara Slavin — 9-1-15

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.

Tara Slavin — 9-1-15

Required Signature/Incorporator — Date

H15000211041

09/18/2015 15:38 3056339696 CORPUSA PAGE 05/05