## P1500011384

(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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## **COVER LETTER**

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

(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 \$87.50 \$87.50 Filing Fee Filing Fee Filing Fee & Certificate of Status  **ADDITIONAL COPY REQUIRED**  FROM:    James T. Baiano   P.O. Box 615	SUBJECT: TazJaz,				
Filing Fee Filing Fee & Certificate of Status    S78.75		(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )	
Filing Fee Filing Fee & Certificate of Status    S78.75	Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation an	d a check for:	
FROM:    James T. Baiano   Name (Printed or typed)		Filing Fee	Filing Fee	Filing Fee, Certified Copy & Certificate of	
P.O. Box 615  Address  Boca Raton, Florida 33429  City, State & Zip			ADDITIONAL CO		
Address  Boca Raton, Florida 33429  City, State & Zip	D.C.		e (Printed or typed)		
Boca Raton, Florida 33429  City, State & Zip	P.C		Address		
17159	Boo				SEP SEP
	054	•	State & Zip	See The see Th	=
Daytime Telephone number			elephone number		PH 3
jamesibmgmt@bellsouth.net  E-mail address: (to be used for future annual report notification)	jam ——			<u>ş</u> n	20

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	Topler Inc	FILED
The name of the corporat	TazJaz, Inc.	15 SEP-11- PM 3.
ARTICLE II PRINC	Principal street address	Mailing address, if different is 7 OF STA
1200 North Federal Hig	hway Suite 200	P.O. Box 615
Boca Raton, FL 33429		Boca Raton, FL 33429
ARTICLE III PURPO The purpose for which (	<u>PSE</u> he corporation is organized is:	rket / Sale Clothing
	LOFFICERS AND/OR DIRECT James T. Baiano CEO	
	P.O. Box 615	Address:
	Boca Raton, Fl 33429	
Name and Title		Name and Title:
Address		Address:
Name and Title:		Name and Title:
Address	<del> </del>	Address:

Name and	d Title:	Name and Title:		
Address		Address:		
	<del></del>			
	REGISTERED AGENT			
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable James T. Baiano	ole) of the registered agent is:		
Name:				
Address:	710 Saint Albans Drive	<del></del>	Acq.	
	Boca Raton, FL 33429		<b>i</b>	
A DOLOT P. WIL	INCORDOR (TOD		SE SE T	
•	INCORPORATOR			
The <u>name and ad</u>	dress of the Incorporator is:  James T. Baiano		— FE D 3	
Name:	James 1. Barano		<u></u>	
Address:	710 Saint Albans Drive		20 16 10 10	
	Boca Raton, FL 33429			
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, if	other than the date of filing:  ate is listed, the date must be specific and c	(OPTIONAL	.) ess days prior or 90 business	
days after the fil		uniot be more man nee busine	and a prior or you addition	
	inserted in this block does not meet the applic		ts, this date will not be listed as	
the document's ef	fective date on the Department of State's reco	rds.		
	ned as registered agent to accept service of pr am familiar with and accept the appointment o			
len	Required Signature/Registered Agent		September 08, 2015	
	Required Signature/Registered Agent		Date	
document to the L	ument and affirm that the facts stated herein Department of State constitutes a third degree			
Required Signature/Incorporator			September 08, 2015	
Requir	red Signature/Incorporator	<del></del>	Date	