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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

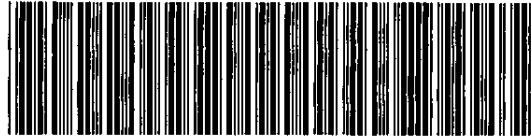
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

OCT 15 2015

J. SCOTT



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15 OCT -5 AM 9:37

## COVER LETTER

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

**SUBJECT:** TAMSCO CORP

(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:** Tamara Marshall  
\_\_\_\_\_  
Name (Printed or typed)  
  
3592 Deer Oak Circle  
\_\_\_\_\_  
Address  
  
Oviedo, FL 32766  
\_\_\_\_\_  
City, State & Zip  
  
407-247-9204  
\_\_\_\_\_  
Daytime Telephone number  
  
TamMarshall81@gmail.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: Tamsco Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3592 Deer Oak Circle

Oviedo, FL 32766

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: transacting any and all lawful business for which corporations may  
be incorporated under Chapter 607, Florida Statutes

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Tamara Marshall, Director

Address

3592 Deer Oak Circle

Oviedo, FL 32766

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

15 OCT - 5 AM 8:37

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: Tamara Marshall

Address: 3592 Deer Oak Circle

Oviedo, FL 32766

**ARTICLE VII INCORPORATOR**

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

Name: Tamara Marshall

Address: 3592 Deer Oak Circle

Oviedo, FL 32766

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: October 1, 2015. (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.)

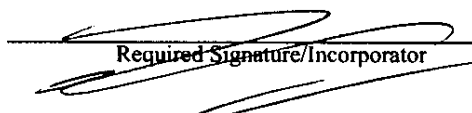
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/2/15  
\_\_\_\_\_  
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

10/2/15  
\_\_\_\_\_  
Date