

P/5000091803

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 NOV -5 AM 10:45

EFFECTIVE DATE 11/03/15

11/12/15

COVER LETTER

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

SUBJECT: Tigress Metals, 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: SCOTT Wilcox

Name (Printed or typed)

649 NE 26th AVE

Address

FT LAUDERDALE FL 33304

City, State & Zip

954-649-5343

Daytime Telephone number

TIGRESSMETALS@AOL.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: Tigress Metals, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 649 N.E. 26th AVE
FT LAUDERDALE FL
33304

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Import, Distributor

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ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|-----------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------|
| Name and Title: | <u>KARLA Wilcox Pres</u> | Name and Title: | <u>SCOTT Wilcox V.P.</u> |
| Address | <u>649 NE 26th AVE</u> <u>FT LAUDERDALE FL</u> <u>33304 51%</u> | Address: | <u>649 NE 26th AVE</u> <u>FT LAUDERDALE FL</u> <u>33304 49%</u> |

Name and Title: _____ Name and Title: _____

Address: _____ 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:

SCOTT WILCOX

Address:

649 NE 26TH AVE
FT LAUDERDALE FL 33304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

SCOTT WILCOX

Address:

649-NE 26TH AVE
FT LAUDERDALE FL
33304

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/03/15 (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

Scott Wilcox

Required Signature/Registered Agent

11/03/15
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.

Scott Wilcox

Required Signature/Incorporator

11/03/15
Date

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