P15000094249

(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	,			

Office Use Only



100278966371

11/12/15--01023--016 **78.75

SECPETARY OF STATE

2015 NOV 12 PH 2: 4

NOV 2 3 2015 T. BROWN

COVER LETTER

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

SUBJECT: Tiffany	D. Garner, P.A.			
SUBJECT:	D. Garner, P.A. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE 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 CO	PY REQUIRED	
FROM:	any D. Garner Nam	e (Printed or typed)		
157:	52 SW 15th Street			
		Address		
Dav	ie, Florida 33326			
	City	, State & Zip		
850	5122951			
	Daytime 1	Felephone number		
tiffa	nygarner.esq@gmail.com			
	E-mail address: (to be use	d for future annual report	notification)	

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

ARTICLES OF INCORPORATION

	ARTICLES OF	INCORPORATION (1/5/4/2)
•	,	07 and/or Chapter 621, F.S. (Profit)
CLE I NAME	Tiffany D. Gamer. P.A.	CATITAL PH
me of the corporati	on shall be:	
CLE II PRINCI		
}	Principal <u>street</u> address	FINCORPORATION 607 and/or Chapter 621, F.S. (Profit) Mailing address, if different is:
SW 15th Street		
, Florida 33326		
CLE III PURPOS urpose for which the	SE LAW e corporation is organized is:	V FIRM
		·
	•	· · · · · · · · · · · · · · · · · · ·
	LOFFICERS ANDIOR DIRECTOR	<u>RS</u>
timber of shares of states of shares	LOFFICERS ANDIOR DIRECTOR Tiffany Garner	
timber of shares of states of shares	LOFFICERS ANDIOR DIRECTOR Tiffany Garner	<u>RS</u>
CLE V INITIAL Name and Title: Address	LOFFICERS ANDIOR DIRECTOR Tiffany Garner	RS Name and Title:
CLE V INITIAL Name and Title: Address	LOFFICERS ANDIOR DIRECTOR Tiffany Garner 15752 SW 15th Street	RS Name and Title:
CLE V INITIAL Name and Title: Address	LOFFICERS ANDIOR DIRECTOR Tiffany Garner 15752 SW 15th Street	RS Name and Title:
CLE V INITIAL Name and Title: Address	LOFFICERS ANDIOR DIRECTOR Tiffany Garner 15752 SW 15th Street	RS Name and Title: Address:
mber of shares of states of states of states of shares o	LOFFICERS ANDIOR DIRECTOR Tiffany Garner 15752 SW 15th Street Davie, Florida 33326	RS Name and Title: Address:
CLE V INITIAL Name and Title: Address Name and Title:	COFFICERS ANDIOR DIRECTOR Tiffany Garner 15752 SW 15th Street Davie, Florida 33326	Name and Title: Address: Name and Title: Name and Tit
CLE V INITIAL Name and Title: Address Name and Title:	LOFFICERS ANDIOR DIRECTOR Tiffany Garner 15752 SW 15th Street Davie, Florida 33326	Name and Title: Address: Name and Title: Name and Tit
CLE V INITIAL Name and Title: Address Name and Title:	COFFICERS ANDIOR DIRECTOR Tiffany Garner 15752 SW 15th Street Davie, Florida 33326	Name and Title: Address: Name and Title: Name and Title: Address:
CLE V INITIAL Name and Title: Address Name and Title:	COFFICERS AND/OR DIRECTOR Tiffany Garner 15752 SW 15th Street Davie, Florida 33326	Name and Title: Address: Name and Title: Name and Title: Address:
CLE V INITIAL Name and Title: Address Name and Title:	COFFICERS AND/OR DIRECTOR Tiffany Garner 15752 SW 15th Street Davie, Florida 33326	Name and Title: Address: Name and Title: Name and Title: Address:
Name and Title: Address Name and Title: Address	Tiffany Garner 15752 SW 15th Street Davie, Florida 33326	Name and Title: Address: Name and Title: Address:
Name and Title: Address Name and Title: Address	Tiffany Garner 15752 SW 15th Street Davie, Florida 33326	Name and Title: Address: Name and Title: Address:
Name and Title: Address Name and Title: Address	Tiffany Garner 15752 SW 15th Street Davie, Florida 33326	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:

Name a	nd Title:	Name and Title:
Addres	s	Address:
		•
ARTICLE VI	REGISTERED AGENT	
The <u>name and F</u>	lorida street address (P.O. Box NOT acceptable) of t	he registered agent is:
Name:	Tiffany Garner	
Address:	15752 SW 15th Street	
	Davie Florida 33326	
ADTICI EVII	INCOPPOPATOP	
	<u>INCORPORATOR</u>	
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Tiffany Garner	
Address:	15752 SW 15th Street	
	Davie, Florida 33326	
Effective date, if	date is listed, the date must be specific and cannot l	(OPTIONAL) be more than five business days prior or 90 business
	e inserted in this block does not meet the applicable st effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as
	med as registered agent to accept service of process f am familiar with and accept the appointment as regis	or the above stated corporation at the place designated in tered agent and agree to act in this capacity
- Cel	las Man	10/22/15
Va	Required Signature/Registered Agent	Date
submit the de locument to the	current and affirm that the facts stated herein are tr Department of State constitutes a third degree felony	ue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
- ()	la el	10/22/15
	10/10	

14 - 19 - 20 1 - 19 - 20