

P/5 000098719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

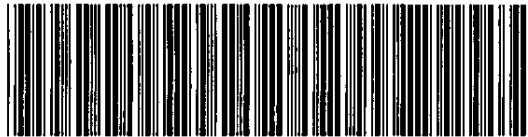
Certificates of Status _____

Special Instructions to Filing Officer:

Waiver payment
45.75

Office Use Only

W15-
73343



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10/13/15--01016--001 **125.00

FILED
15 DEC -7 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

12-1-15

DEC 1-, 2015

S. GILBERT

COVER LETTER

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

SUBJECT: Tigress Capital Management 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: Jamie Brody
Name (Printed or typed)
1331 South Federal Highway Unit 433
Address
Boynton Beach, FL 33435
City, State & Zip
(561) 444-6846
Daytime Telephone number
capitaltigress@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2015

JAMIE BRODY
1331 SOUTH FEDERAL HIGHWAY, UNIT 433
BOYNTON BEACH, FL 33435

SUBJECT: TIGRESS CAPITAL MANAGEMENT INC
Ref. Number: W15000073543

We have received your document for TIGRESS CAPITAL MANAGEMENT INC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 215A00023607

RECEIVED
15 DEC -7 PM 2:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To: Department of State, Division of Corporations
Corporate Filings
PO BOX 6327
Tallahassee, FL 32314

From: Jamie Brody
Tigress Capital Management
1331 South Federal Highway, Unit 433
Boynton Beach, FL 33435

RE: Tigress Capital Management INC, Name Release Request
REFERENCE #: W15000056191

To Whom It May Concern:

Please find the statement to serve as my formal request to release the name: TIGRESS CAPITAL MANAGEMENT INC. I have no intent to use the name, Tigress Capital Management, INC, The company status is inactive for the below reason. I do not intent to proceed with paying reinstatement fees for Tigress Capital Management INC. Moving forward I plan to resubmit new LLC paperwork and paying associated fees for Tigress Capital Management, LLC.

TIGRESS CAPITAL MANAGEMENT INC INACTIVE DETAILS

Document Number

P14000073318

FEI/EIN Number

NONE

Date Filed

09/04/2014

Effective Date

09/01/2014

State

FL

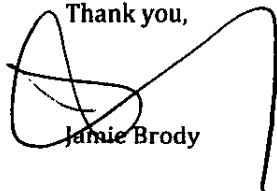
Status

INACTIVE

Last Event

ADMIN DISSOLUTION FOR ANNUAL REPORT

Thank you,



Jamie Brody

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 Capital Management Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1331 South federal Highway Unit 433
Boynton Beach, FL 33435

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional / Business
Services

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jamie Brody, President Name and Title: _____

Address: 1331 South Federal Highway Address: _____
Unit, 433
Boynton Beach, FL 33435

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

15 DEC -7 PM 12:02
RECORDED & INDEXED
FLORIDA

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: Jamie Brody
Address: 1331 South Federal Highway, Unit 433
Boynton Beach, FL 33435

ARTICLE VII INCORPORATOR

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

Name: Jamie Brody
Address: 1331 South Federal Highway, Unit 433
Boynton Beach, FL 33435

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/1/2015 (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 12/1/2015
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 12/1/2015
Date