

P15000100174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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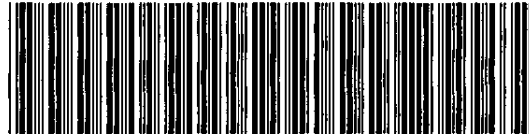
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

Tax Free Marketing & Promotional Group Inc.

**SUBJECT:**

**(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: Gloria Tillman  
\_\_\_\_\_  
Name (Printed or typed)  
  
425 NW 19th ST.  
\_\_\_\_\_  
Address  
  
Pompano Beach Fl. 33060  
\_\_\_\_\_  
City, State & Zip  
  
803-200-6251  
\_\_\_\_\_  
Daytime Telephone number  
  
gloriatillman56@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**

Tax Free Marketing & Promotional Group Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2480 Hammondville Rd. **6B**

425 NW 19th ST.

Pompano Beach Fl. 33060

Pompano Beach Fl. 33060

**ARTICLE III PURPOSE**

For all marketing & promotional needs also management

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

1000

The number of shares of stock is:

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

Name and Title: Gloria Tillman CEO

Name and Title:

Address 425 NW 19th ST.

Address:

Pompano Beach Fl. 33060

Name and Title: Xavier Favors VP

Name and Title:

Address 425 NW 19th ST.

Address:

Pompano Beach Fl. 33060

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, 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: Gloria Tillman

Address: 425 NW 19th ST.

Pompano Beach Fl. 33060

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**ARTICLE VII INCORPORATOR**

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

Name: Gloria Tillman

Address: 425 NW 19th ST.

Pompano Beach Fl. 33060

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

*Gloria Tillman*

Required Signature/Registered Agent

12/02/2015

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.*

*Gloria Tillman*

Required Signature/Incorporator

12/02/2015

Date