

PI5000101264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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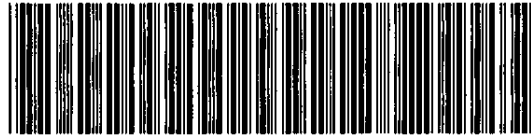
(Business Entity Name)

(Document Number)

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

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12/14/15--01018--012 \*\*70.00

FILED

15 DEC 14 AM 11:24

U.S. DEPT. OF STATE  
1411 AVENUE SE, FL 8105

DEC 23 2015  
S. GILBERT

## COVER LETTER

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

**SUBJECT:** TNS AND ASSOCIATES, 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:** TNS AND ASSOCIATES, INC.

\_\_\_\_\_  
Name (Printed or typed)

1291 SW 116 AVENUE

\_\_\_\_\_  
Address

DAVIE, FL 33325

\_\_\_\_\_  
City, State & Zip

954-723-2835

\_\_\_\_\_  
Daytime Telephone number

NOSHIMKO418@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)

**FILED**  
**15 DEC 14 AM 11:24**

**ARTICLE I NAME**

The name of the corporation shall be: TNS AND ASSOCIATES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1291 SW 116 AVENUE

DAVIE, FL 33325

MAILING ADDRESS  
ALLAPOOSE COUNTY, FLORIDA  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: NAOMI SHIMKO PRESIDENT

Address: 1291 SW 116 AVENUE  
DAVIE, FL 33325

Name and Title: TYRONE SHIMKO VP

Address: 1291 SW 116 AVENUE  
DAVIE, FL 33325

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

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

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

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

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

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

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

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: NAOMI SHIMKO

Address: 1291 SW 116 AVENUE

DAVIE, FL 33325

**ARTICLE VII INCORPORATOR**

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

Name: NAOMI SHIMKO

Address: 1291 SW 116 AVENUE

DAVIE, FL 33325


**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*

  
Required Signature/Registered Agent

12-11-15  
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

12-11-15  
Date