P16000022445

(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:

Rose Gabriel GAVE AUTHOHIZATION BY PHONE TO CORRECT IV - V & VI

DATE 3/11/16

DOC. EXAM VH

W16-14848

Office Use Only

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02/19/16--01016--005 **87.50

APPROVED AND FILED

16 MAR 10 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: T-ma Botanica
(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: Rose Gabriel
Name (Printed or typed)

4020 S.W 30 street
Address

West Park Florida 33023
City, State & Zip

3056479105
Daytime Telephone number

alexraymond40@yahoo.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

February 29, 2016

ROSE GABRIEL
4020 S.W. 30 STREET
WEST PARK, FL 33023

SUBJECT: T-MA BOTANICA
Ref. Number: W16000014848

We have received your document for T-MA BOTANICA and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 416A00004164

APPROVED AND FILED

16 MAR 10 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: T-MA Botanica INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

3805 Hallandale Beach Blvd
Hallandale Florida 33023

Mailing address, if different is:

4020 S.W 30 street
West park fl. 33023

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: I'm Having a small Business it's a Botanica store The name is T-ma Botanica I suppose to start end of march. I'm gonna sell Candles, incents, perfumes, Im gonna sell Spiritual Item in the T-ma Botanica

ARTICLE IV SHARES
The number of shares of stock is: 1 Rose Gabriel

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Address

ROSE GABRIEL (P)
4020 S.W. 30 STREET
WEST PARK, FL 33023

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

APPROVED AND FILED

16 MAR 10 AM 7:46

SECRETARY OF STATE
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: Rose Gabriel

Address: 4020 S.W 30 Street
West park fl. 33023

ARTICLE VII INCORPORATOR

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

Name: Rose Gabriel

Address: 4020 S.W 30 Street
West park fl. 33023

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 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.

_____ 2/16/16

Required Signature/Incorporator Date