

P16000026388

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR 24 PM 2:50

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1116-17707 MD 3/28

## COVER LETTER

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

**SUBJECT:** TRADE MANAGEMENT PARTNERS CORPORATION

(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:** OLGA DANIELS

Name (Printed or typed)

7027 W BROWARD BLVD #374

Address

PLANTATION, FL 33317

City, State & Zip

646-431-3728

Daytime Telephone number

DANIELSOLGA@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

March 9, 2016

OLGA DANIELS  
7027 W.BROWARD BLVD., #374  
PLANTATION, FL 33317

SUBJECT: TRADE MANAGEMENT PARTNERS CORPORATION  
Ref. Number: W16000017707

We have received your document for TRADE MANAGEMENT PARTNERS CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 016A00004872

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: TRADE MANAGEMENT PARTNERS CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

7027 W BROWARD BLVD

#374

PLANTATION, FL 33317

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY FOR

WHICH CORPORATIONS MAY BE INCORPORATED

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OLGA DANIELS, ~~FOUNDER~~ President

Address 7027 W BROWARD BLVD

#374

PLANTATION, FL 33317

Name and Title:

Address

Name and Title:

Address:

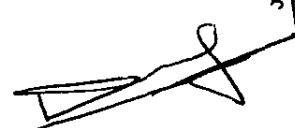
Name and Title:

Address

Name and Title:

Address:

FILED  
16 MAR 24 PM 2:50  
CLERK OF DISTRICT COURT  
JANUARY 2016  
TALLAHASSEE, FLORIDA

3/18/16  


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: OLGA DANIELS  
Address: 7027 W BROWARD BLVD  
PLANTATION, FL 33317

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16 MAR 24 PM 2:50  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: OLGA DANIELS  
Address: 7027 W BROWARD BLVD  
PLANTATION, FL 33317

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/01/2016 (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  
02/22/2016  
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  
02/22/2016  
Date