

P16000034478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

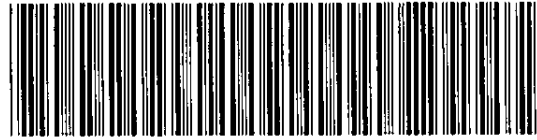
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 19 PM 12:37

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AND
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04/19/16--01005--003 **210.00

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SUFFICIENCY OF FILING

COVER LETTER

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

SUBJECT: _____

Tallahassee Company

(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: _____

Tallahassee Company CO.

Name (Printed or typed)

9419 Apalachee Parkway

Address

Tallahassee Florida 32311

City, State & Zip

850-322-4614

Daytime Telephone number

doctint@gmail.com

E-mail address: (to be used for future annual report notification)

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

04.19.2016

TO WHOM IT MAY CONCERN:

I Lady Bird Weale, have no
intention to restate the business name:

Tallahassee Company, under FEI# 26-3972661-
100079023

Signed, this 19th of April 2016,
with my signature below.


Lady Bird Weale

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: Tallahassee Company Co.

ARTICLE II PRINCIPAL OFFICE

3419 Apalachee Parkway Principal street address Mailing address, if different is:
Tallahassee Florida 32311
2

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Window tinting services / local businesses

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LARRY RO KEEL, Manager
Address: 3419 Apalachee Parkway
Tallahassee Florida 32311

Name and Title: Manager Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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: Ladybird Keefe
Address: 3419 Apalachee Parkway
Tallahassee FL 32311

ARTICLE VII INCORPORATOR

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

Name: Ladybird Keefe
Address: 3419 Apalachee Parkway
Tallahassee Florida 32311

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TALLAHASSEE, FLORIDA

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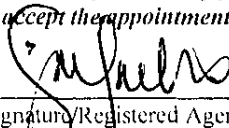
ARTICLE VIII EFFECTIVE DATE:

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

04/19/16
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

04/19/16
Date