

P16000041398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

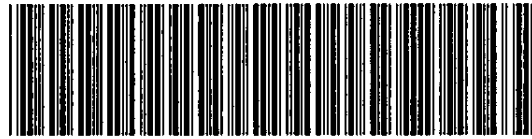
(Business Entity Name)

(Document Number)

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

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05/03/16--01031--020 \*\*70.00

FILED  
16 MAY -3 AM 8:48  
TALLAHASSEE FLORIDA  
5-11-16

## COVER LETTER

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

**SUBJECT:** TARA J WEDDINGS, INCORPORATED

(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:** TARA J WEDDINGS INCORPORATED

Name (Printed or typed)

1736 SOUTHEAST 14TH AVENUE

Address

GAINESVILLE, FLORIDA 32641

City, State & Zip

(352) 301-1763

Daytime Telephone number

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**

The name of the corporation shall be: TARA J WEDDINGS INCORPORATED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1736 SOUTHEAST 14TH AVENUE  
GAINESVILLE, FLORIDA 32641

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TARA J WEDDINGS INCORPORATED IS A DISTINGUISHED  
WEDDING AND EVENT PLANNING BUSINESS WHICH COORDINATES EVERY ASPECT OF THE SPECIAL  
OCCASION SO THAT IT IS A UNIQUE, ENJOYABLE, AND MEMORABLE AFFAIR FOR ALL WHO ATTEND.  
TARA J WEDDINGS IS ALSO A PARTY RENTAL SERVICE PROVIDER FOR ESSENTIAL EQUIPMENT AND  
SUPPLIES.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: AUDREY CRAWFORD

Address: PRESIDENT  
18011 SOUTHWEST 183RD AVENUE  
ARCHER, FLORIDA 32618

Name and Title: TARA CRAWFORD JAMES

Address: SECRETARY  
1736 SOUTHEAST 14TH AVENUE  
GAINESVILLE, FL 32641

Name and Title: ANDRE BUIE

Address: TREASURER  
1033 SOUTHEAST 2ND DRIVE  
CHIEFLAND, FLORIDA 32626

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

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

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

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

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

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

5:44:50  
16 MAY - 3 AM 8:48  
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: TARA CRAWFORD JAMES

Address: 1736 SOUTHEAST 14TH AVENUE

GAINESVILLE, FLORIDA 32641

**ARTICLE VII INCORPORATOR**

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

Name: AUDREY CRAWFORD

Address: 18011 SOUTHWEST 183RD AVENUE

ARCHER, FLORIDA 32618

**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*

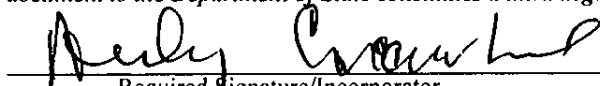


Required Signature/Registered Agent

4-29-16

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

4-29-2016

Date

FILED  
16 MAY -3 AM 8:4  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA