

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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JUN 6 2016

S. GILBERT

COVER LETTER

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

SUBJECT: TAMES	Services, Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:		e (Printed or typed)	
2142	2 Brandon Park Circle	Address	
Brai	ndon, FL 33510	Address	
	City	, State & Zip	
813.	317.5988		
	Daytime 1	Telephone number	
reina	atami@yahoo.com		
	E-mail address: (to be use	d 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 corpora		
•		16 11.17 31 PH 4: 18
ARTICLE II PRIN	Principal street address	Mailing address, if different is:
2142 Brandon Park Cir	cle	The state of the s
Brandon, FL 33510		· · · · · · · · · · · · · · · · · · ·
ARTICLE III PURP		
I he purpose for which Construction subcontra		
Construction subcontra		
ARTICLE V INITE	AL OFFICERS AND/OR DIRECTOR 1e. Tami Reina - President	S Name and Title:
Address	2142 Brandon park Circle	Address:
Addiess	Brandon, FL 33510	
Name and Title	o:	Name and Title:
Address		
Mules		
1 m/d		Name and Title
Name and Titl		Name and Title:
Address		Address:

Name	and Title:	Name and Title:
Addre	ess	Address:
	REGISTERED AGENT	
i ne <u>name and</u>	Florida street address (P.O. Box NOT acceptable) Tami Reina	of the registered agent is:
Name:	1 dill Kella	
Address:	2142 Brandon Park Circle	
	Brandon, FL 33510	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and	address of the Incorporator is:	
Name:	Tami Reina	
Address:	2142 Brandon Park Circle	~~
Address.	Brandon, FL 33510	
Effective date,		(OPTIONAL) not be more than five business days prior or 90 business
	ate inserted in this block does not meet the applicable effective date on the Department of State's records	le statutory filing requirements, this date will not be listed as
	amed as registered agent to accept service of proce I am familiar with and gecept the appointment as r	ess for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
	Mmi Kerne	5/25/16
	Required Signature/Registered Agent	Date
		e true. I am aware that the false information submitted in a
document to th	e Department of State constitutes a third degree felo	ony as provided for in s.817.155, F.S.
	() Mm Gerna	5/25/16
Red	juired Signature/Incorporator	Date