

PI6 000050379

(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:

Office Use Only



900286555549

06/06/16--01038--012 **78.75

16 JUN -6 PM 2:06

RECEIVED
JUN 16 2016
OFFICE OF THE
CLERK OF THE
COURT

COVER LETTER

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

SUBJECT: TARA 18 Corp.

(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: MURRY TAWIL

Name (Printed or typed)

3201 EMERALD POINTE DRIVE Apt 111B

Address

HOLLYWOOD FL 33021

City, State & Zip

(786)203-2430

Daytime Telephone number

lmtawil@gmail.com

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 18 Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3201 EMERALD POINTE DRIVE Apt 111B
HOLLYWOOD FL 33021

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO BUY AND SELL HEALTH AND WELLNESS PRODUCTS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MURRY TAWIL - DIRECTOR

Address: 3201 EMERALD POINTE DRIVE Apt 111
HOLLYWOOD FL 33021

Name and Title: LAURA RAMIREZ - DIRECTOR

Address: 3201 EMERALD POINTE DRIVE Apt
HOLLYWOOD FL 33021

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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: MURRY TAWIL

Address: 3201 EMERALD POINTE DRIVE Apt 111B

HOLLYWOOD FL 33021

16 JUN - 6 PM 2:04
RECEIVED
DIVISION OF CORPORATE REGISTRATION

ARTICLE VII INCORPORATOR

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

Name: MURRY TAWIL

Address: 3201 EMERALD POINTE DRIVE Apt 111B

HOLLYWOOD FL 33021


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.)

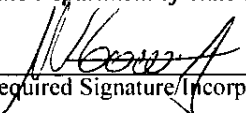
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

06/01/2016
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

06/01/2016
Date