P16000053401

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

Office Use Only

JUN 2 0 2016

T. SCOTT



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TO JUN 17 AMIL: 10





June 10, 2016

TANYA WALLACE AND GREG WALLACE 24088 DLORA PARKE BLVD FERNANDINA, FL 32034

SUBJECT: T & G, INC.

Ref. Number: W16000042653

We have received your document for T & G, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

L02000032833-T & G, LLC,

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 516A00012307

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Ref# W16000042653

Tallahassee, FL 323	314			
SUBJECT:	T+ G IN	LAGUS INC.	JDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	previous/us/us/us/us/us/
		ADDITIONAL CO	T REQUIRED	
FROM:	Tanya Wa 24088 Flor	MUCL e (Printed or typed) W Parke B		
		Address	,	
	Fernandu	My FL 3, State & Zip	2034	
		70 401 001	63	
		Telephone number AGLS @ AMÚ d for future annua report n	otification)	RECE!

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)

The name of the corporat	ion shall be:	- Ima	ges Inc.
	<i>IPAL OFFICE</i> Principal <u>street</u> address		Mailing address, if different is:
1699 5.144	4 St. outl 13+14	24	088 Flora Parke Blvd
Fernandi	nd Beach FL32	734 Fl	rnanduna, FL33034
The purpose for which the	SE the corporation is organized is:	buy, m	ranage and
	- a rain sago	11.0	
		1010	N 45
-1-2-3-1-3-1-1			7 250
ARTICLE IV SHARE The number of shares of share	LOFFICERS AND/OR DIRECTORS	Treated year	Tanya Wallace - Secretary
Address	24088 Flora Parfeb Flynandura, FL32	<u>10</u> Address: 234 	<u> 2488 Flura Parki B</u> lra <u>Flurandina, FL3</u> 28
Name and Title:		Name and Title	3;
Address		Address:	
		_	
Name and Title:		Name and Title	e:
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: Greavallace					
	213+14				
Address: 1699 S. 14th St. Suite Fernandina, FL 32	3034				
ARTICLE VII INCORPORATOR					
The name and address of the Incorporator is:					
Name: Tanya Wallack					
24088 Flora Park	o Blvd				
Address: Command of the Address	e Blvd 35034				
Fernandina, PC					
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 days after the filing.)	t be more than five business days prior or 90 business				
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 perregistered agent to accept service of process	for the above stated comparation at the place designated in				
this certificate, I am familiar with and accept the appointment as reg	istered agent and agree to act in this capacity				
	6/15/16				
Required Signature/Registered Agent	Date				
I submit this document appl 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.					
- Janya Wallace	6/15/16				
Required Signature/Incorporator	Date				