Phooosars

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

Office Use Only



200286436802

06/08/16--01009--002 **78.75



COVER LETTER

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

SUBJECT: Tara	Ross PA		
•	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	•	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	ıra Ross	e (Printed or typed)	
20	431 Berrywood Lane	•• •	
**************************************		Address	
Ta	mpa, Fl. 33647	G	
05	City. 4-326-6006	, State & Zip	
——————————————————————————————————————		Γelephone number	· · · · · · · · · · · · · · · · · · ·
Ex	it2tara@aol.com	•	
·	E-mail address: (to be use	ed for future annual report	notification)

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

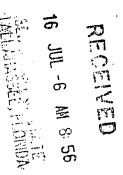


FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2016

TARA ROSS 20431 BERRYWOOD LN TAMPA, FL 33647

SUBJECT: TARA ROSS PA Ref. Number: W16000043039



We have received your document for TARA ROSS PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Please return 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.

Jessica A Fason Regulatory Specialist II

Letter Number: 316A00012470

complated 6/27/16 1. Ross

www.sunbiz.org

DO DOY GOOD WILL DIST GOOD

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMI The name of the corpora			
•	CIPAL OFFICE Principal <u>street</u> address	Mailing	address, if different is:
20431 Berrywood Lan	e		
Tampa Fl 33647			
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:	te Sales	
	f stock is: 100 AL OFFICERS AND/OR DIRECTORS		FILED
Name and Tit		Name and Title:	2: 2
Address	20431 Berrywood Lane	Address:	142 57(14)
	Tampa Fl 33647		
Name and Title	o:	Name and Title:	
Address		Address:	
Name and Title	p:	Name and Title:	
Address		Address:	

Name and Titl	e:	Name and Title:	
Address	· · · · · · · · · · · · · · · · · · ·	_ Address:	
ARTICLE VI REGI	STERED AGENT		
The <u>name and Florida</u>	street address (P.O. Box NOT acceptable) of	of the registered agent is:	
Name:	Tara Ross	_	
Address:	20431 Berry wood Lan	_	
	20431 Berry wood Lan Tampa, FL 33647	_	
ARTICLE VII INCO	<u>DRPORATOR</u>		
The name and addres	s of the Incorporator is:		
Name:	Tara Ross	_	
Address:	20431 Berry wood Len Kempa, FL 3364	<u></u>	
	Kampa, FL 3364	/	
4 may (1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1	CECONIUS IN AME.		
ARTICLE VIII EFF	than the date of filing:	. (OPTIONAL	L)
(If an effective date is days after the filing.)	s listed, the date must be specific and cann	ot be more than five busin	ess days prior or 90 business
Note: If the date inser	ted in this block does not meet the applicable ve date on the Department of State's records.	e statutory filing requiremen	ts, this date will not be listed as
Having been named a this certificate, I am fa	s registered agent to accept service of proces millar with and accept the appointment as re	ss for the above stated corporgistered agent and agree to	act in this capacity
	Idra Ross		<u>6-4-16</u> Date
	Required Signature/Registered Agent		Date
I submit this document document to the Depa	nt and affirm that the facts stated herein are rtment of State constitutes a third degree felo	e true. I am aware that the ny as provided for in s.817. I	false information submitted in
+		•	
Required S	MG KOW ignature/Incorporator	<u></u>	(9-4-16 Date