

P16000067520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

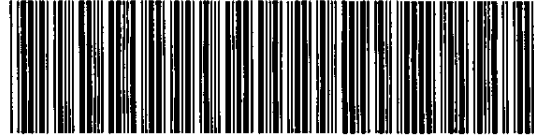
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800288451808

08/11/16--01027--004 **70.00

FILED
16 AUG 11 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/24
8/24/16

COVER LETTER

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

SUBJECT: TARAGJINI ENTERPRISES, INC.

(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: ERGEST TARAGJINI

Name (Printed or typed)

10206 EMMA LAKES DR

Address

JACKSONVILLE, FLORIDA 32257

City, State & Zip

(904) 207-4852

Daytime Telephone number

TARAGJINIE@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: TARAGJINI ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
10206 EMMA LAKES DR
JACKSONVILLE, FL 32257

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE MECHANICAL EXPERTISE TO MULTIPLE
ENGINEERING RELATED CONCEPTS INCLUDING BUT NOT LIMITED TO AUTOMOBILE SALES AND COUNSEL

ARTICLE IV SHARES

The number of shares of stock is: 100000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERGEST TARAGJINI - PRESIDENT Name and Title: _____

Address 10206 EMMA LAKES DR Address: _____
JACKSONVILLE, FL 32257

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
16 AUG 1 AM 9:16
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: ERGEST TARAGJINI

Address: 10206 EMMA LAKES DR

JACKSOVILLE, FL 32257

ARTICLE VII INCORPORATOR

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

Name: ERGEST TARAGJINI

Address: 10206 EMMA LAKES DR

JACKSONVILLE, FL 32257

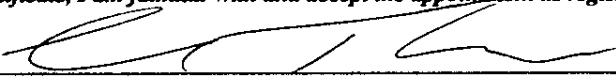
ARTICLE VIII EFFECTIVE DATE:

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

08/09/16
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

08/09/16
Date

FILED
16 AUG 11 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA