

P17000060087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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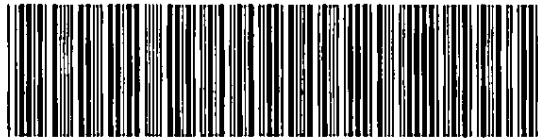
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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~~2~~ 07/14/17

COVER LETTER

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

SUBJECT: TSR MANAGEMENT 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: LARRY NEWMAN

Name (Printed or typed)

6803 LAKE WORTH ROAD, STE 305

Address

LAKE WORTH, FL 33467

City, State & Zip

561-642-6999

Daytime Telephone number

LBN@NEWMANADVISORS.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: TSR MANAGEMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5276 JOG LANE

DELRAY BEACH, FL 33484

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE SALE AND MARKETING OF TECHNOLOGY

PRODUCTS AND ANYTHING ELSE THAT IS LEGAL IN THE STATE OF FLORIDA AND UNITED STATES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TODD ROSALES, PRESIDENT

Name and Title: _____

Address 5276 JOG LANE

Address: _____

DELRAY BEACH, FL 33484

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

17 JUL 13 AM 10:13
STATE
OF 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: TODD ROSALES
Address: 5276 JOG LANE
DELRAY BEACH, FL 33484

ARTICLE VII INCORPORATOR

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

Name: TODD ROSALES
Address: 5276 JOG LANE
DELRAY BEACH FL 33484

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TALLAHASSEE
FLORIDA

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 days prior or 90 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

* _____ JULY 1, 2017
Required Signature/Registered Agent 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.

* _____ JULY 1, 2017
Required Signature/Incorporator Date