

P17000076245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

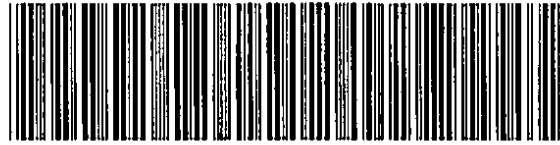
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700303402397

09/20/17--01003--029 \*\*78.75

FILED  
2017 SEP 20 AM 9:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

SEP 21 2017  
C Kinsey

## COVER LETTER

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

**SUBJECT:** Tammy Wilson 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  
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:** Tammy Wilson Enterprises, Inc.

\_\_\_\_\_  
Name (Printed or typed)

4421 Carriage Crossing Dr.

\_\_\_\_\_  
Address

Jacksonville, FL 32258

\_\_\_\_\_  
City, State & Zip

904- 521-1924

\_\_\_\_\_  
Daytime Telephone number

T W ENTERPRISES @ Yahoo. 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: Tammy Wilson Enterprises, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4421 Carriage Crossing Dr  
Jacksonville, Fl 32258

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 shs

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Tammy L. Wilson, Dir.

Name and Title: \_\_\_\_\_

Address 4421 Carriage Crossing Dr  
Jacksonville, Fl 32258

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

**FILED**  
2017 SEP 20 AM 9:14  
CLERK 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: Tammy L Wilson \_\_\_\_\_

Address: 4421 Carriage Crossing Dr \_\_\_\_\_

Jacksonville, FL 32258 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Tammy L Wilson \_\_\_\_\_

Address: 4421 Carriage Crossing Dr \_\_\_\_\_

Jacksonville, FL 32258 \_\_\_\_\_

**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*

Tammy L. Wilson  
Required Signature/Registered Agent

9/18/2017  
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.*

Tammy L. Wilson  
Required Signature/Incorporator

9/18/2017  
Date