

P170000 76881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

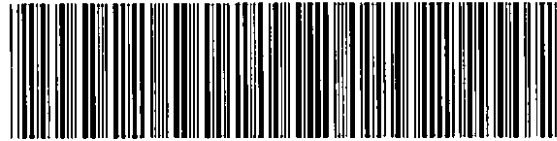
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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10/03/17--01001--012 **70.00

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OCT -2 PM 4:43

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m. mcan

I, Tyler Bowman the manager of
Tyler Bowman LLC Do not intend to Reinstate
L15000143511
and hereby the release the name.

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2017 OCT -2 PM 4:43
CLERK OF COURT

Tyler J. R.

Oct 02, 2017

COVER LETTER

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

SUBJECT: Tyler Bowman 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: Tyler Bowman
Name (Printed or typed)
4082 Cottagewood Trail
Address
Tallahassee, FL 32311
City, State & Zip
(850) 597-5178
Daytime Telephone number
MOMUSIC85@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: Tyler Bowman Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4082 Cottingham Trail
Tallahassee, FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tyler Bowman President Name and Title: _____

Address: 4082 Cottingham Trail Address: _____
Tallahassee FL 32311

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FL

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: Tyler Bowman

Address: 4082 Cottagewood trail
Tallahassee FL, 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TYLER BOWMAN

Address: 4082 Cottagewood trail
Tallahassee FL, 32311

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

Tyler Bowman

Required Signature/Registered Agent

10/02/17

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.

Tyler B

Required Signature/Incorporator

10/02/17

Date

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TALLAHASSEE, FL
CLERK OF THE COURT