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(Business Entity Name)

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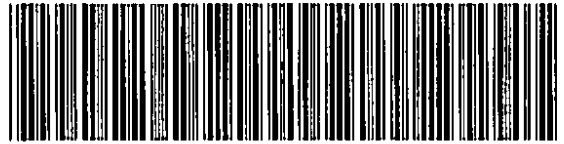
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18 MAY - 7 PM 3:46  
CLERK'S OFFICE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Tiffany Watts Real Estate P.A.  
(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: Tiffany Watts  
Name (Printed or typed)  
8377 New Orleans Court  
Address  
Navarre, FL 32566  
City, State & Zip  
850-776-7187  
Daytime Telephone number  
tbwatts87@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: Tiffany Watts Real Estate P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8377 New Orleans Court

Navarre, FL 32566

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real Estate Sales

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Tiffany Watts, President

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

Address 8377 New Orleans Court

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

Navarre, FL 32566

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

18 MAY -7 PM 3:57  
TAMPA ASSOCIATES, L.L.C.

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: \_\_\_\_\_ Tiffany Watts  
Address: \_\_\_\_\_ 8377 New Orleans Court  
\_\_\_\_\_  
Navarre, FL 32566

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_ Tiffany Watts  
Address: \_\_\_\_\_ 8377 New Orleans Court  
\_\_\_\_\_  
Navarre, FL 32566

FILED  
18 MAY -7 PM 3:57  
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*

Tiffany Watts  
Required Signature/Registered Agent

5-3-18  
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.*

Tiffany Watts  
Required Signature/Incorporator

5-3-18  
Date