

P18000083622

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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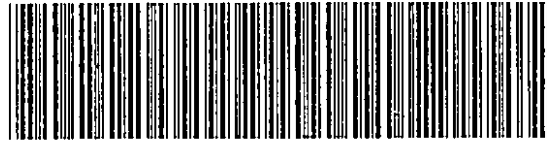
(Business Entity Name)

(Document Number)

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2019 OCT -5 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

OCT 08 2018

SCOTT

## COVER LETTER

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

**SUBJECT:** Thoroughly Modern Miami, 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:** Kris I. Dougherty

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

1111 Kane Concourse # 611A

\_\_\_\_\_  
Address

Bay Harbor Islands, FL 33154

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

305-868-1333

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

kris@kidepa.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: Thoroughly Modern Miami, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3301 NE 1st Avenue #307 M 307  
Miami, Fl. 33137

Mailing address, if different is:

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any lawful purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: Michael Seigliano, President/Secretary

Address: 3301 NE 1st Avenue, ~~#307~~ M 307  
Miami, Fl. 33137

Name and Title: David Mills, Vice President

Address: 100 Banks Avenue # 1312  
Rockville Centre, NY 11570

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

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

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

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

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

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

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

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

2018 OCT -5 AM 12:50  
SECRETARY  
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: Kris I Dougherty, CPA

Address: 1111 Kane Concourse #611A

Bay Harbor Islands, FL 33154

**ARTICLE VII INCORPORATOR**

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

Name: Michael Scigliano

Address: 3301 NE 1st Avenue #307 M 307

Miami, FL 33137

**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*

Kris I Dougherty CPA  
Required Signature/Registered Agent

10/1/18  
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.*

[Signature]  
Required Signature/Incorporator

10/1/18  
Date

