

119000016193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

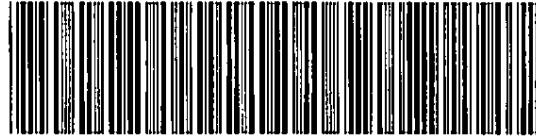
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2019

TRUE TYPE, INC.
4861 NW 5TH STREET
PLANTATION, FL 33317

SUBJECT: TRUE TYPE, INC.
Ref. Number: W19000014629

We have received your document for TRUE TYPE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 219A00003210

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

SUBJECT: True Type, 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: Clariluz Graham

Name (Printed or typed)

4861 NW 5th Street

Address

Plantation, FL 33317

City, State & Zip

305-479-8923

Daytime Telephone number

clarydv@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 True Type Inc

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4861 NW 5th Street

Plantation, FL 33317

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To revitalize, rejuvenate and recreate hair and skincare.

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claruluz Graham, President

Address: 4861 NW 5th Street

Plantation, FL 33317

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

The name and address of the registered agent (P.O. Box NOT acceptable) of the registered agent is:

Name: Claruluz Graham, President

Address: 4861 NW 5th Street

Plantation, FL 33317

ARTICLE VII INCORPORATOR

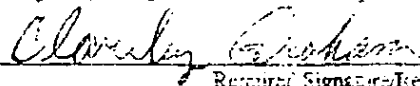
The name and address of the incorporator is:

Name: Claruluz Graham, President

Address: 4861 NW 5th Street

Plantation, FL 33317

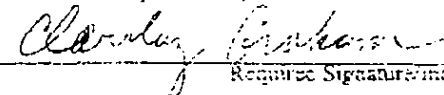
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

 02/19/2019
 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.317.155, F.S.



Required Signature/Incorporator

 02/19/2019
 Date