

P190000021628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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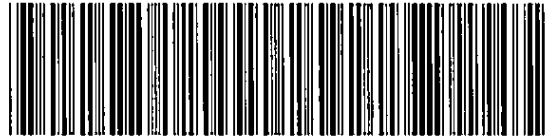
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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SCHROEDER



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 03/14/2019

Name: Merritt Walker

Reference #: 1058213

Entity Name: TAW ENTERPRISES INC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$70

Signature: mmf

COVER LETTER

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

SUBJECT: TAW 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 ☐ \$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: Maria Kenigsberg c/o chuhak & Teeson, P.C.

Name (Printed or typed)

30 S. Wacker Dr., Suite 2600

Address

Chicago, IL 60606

City, State & Zip

312-855-5442

Daytime Telephone number

mkenigsberg@chuhak.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: TAW Enterprises Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12390 Sunnydale Dr.

same

Wellington, FL 33414

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: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tracy Weskamp, President

Address: 12390 Sunnydale Dr.

Wellington, FL 33414

Name and Title: Tracy Weskamp, Secretary

Address: 12390 Sunnydale Dr.

Wellington, FL 33414

Name and Title: Tracy Weskamp, Treasurer

Address: 12390 Sunnydale Dr.

Wellington, FL 33414

Name and Title: Tracy Weskamp, Director

Address: 12390 Sunnydale Dr.

Wellington, FL 33414

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: Tracy Weskamp
Address: 12390 Sunnydale Dr.
Wellington, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Donald J. Russ, Jr.
Address: 30 S. Wacker Dr., Suite 2600
Chicago, IL 60606

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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

Required Signature/Registered Agent

03/14/2019
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.817.155, F.S.

Required Signature/Incorporator

03/14/2019
Date