

P19000032210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

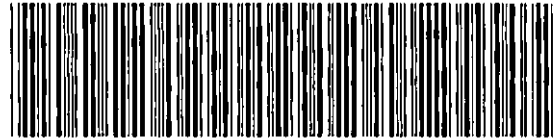
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500328128235

04/17/19--01017--005 \*\*79.00

FILED  
2019 APR 17 AM 10:20  
CLERK OF COURT  
ALABAMA

19 APR 17 PM 12:03

## COVER LETTER

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

SUBJECT: MEEEKS Tolict Tissue and Accessories  
(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: Timothy Reshard Meeks  
Name (Printed or typed)

5701 CHAIRES CROSS ROAD  
Address

TALLAHASSEE FLA 32317  
City, State & Zip

1 8501 212-8140  
Daytime Telephone number

Tmeeks312@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: MECKS Toilet Tissue and Accessories

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5701 CHAIRES CROSSROAD  
TALLAHASSEE 32317

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: House Hold essentials  
desposal Table wer, and PAPER Product

**ARTICLE IV SHARES**

The number of shares of stock is: 3

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

Name and Title: Timothy meeks ceo Name and Title: \_\_\_\_\_

Address 5701 CHAIRES CROSSROAD Address: \_\_\_\_\_  
TALLAHASSEE, FL 32317

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

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

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

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

FILED  
2018 SEP 17 AM 10:20  
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: Timothy Weeks

Address: 5701 CHAIRES CROSS ROAD  
TALLAHASSEE FL 32317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Timothy Weeks

Address: 5701 CHAIRES CROSS ROAD  
TALLAHASSEE, FL 32317

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*

Timothy Weeks

Required Signature/Registered Agent

4/17/19  
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.*

Timothy Weeks

Required Signature/Incorporator

4/17/19  
Date