

P19000042789

(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:

W19-48501

Office Use Only



500329588245

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAY 16 AM 8:24

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAY 16 PM 1:53

MAY 24 2019

K. Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2019

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: TJP LIMITED INC
Ref. Number: W19000048501

We have received your document for TJP LIMITED INC and your check(s) totaling \$. 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 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.

Rochelle E Kemple
Regulatory Specialist III

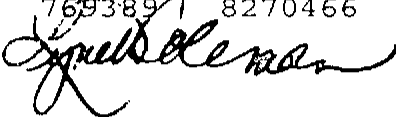
Letter Number: 419A00010021

RECEIVED
DIVISION OF STATE
19 MAY 23 AM 10:38

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 7693891 8270466

AUTHORIZATION : 

COST LIMIT : \$ 78.75

ORDER DATE : May 15, 2019

ORDER TIME : 9:24 AM

ORDER NO. : 769389-010

CUSTOMER NO: 8270466

DOMESTIC FILING

NAME: TJP LIMITED INC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - EXT. 62974

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: TJP LIMITED 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: TARQUAN PEARMAN

Name (Printed or typed)

180 NW 67TH ST

Address

MIAMI FLORIDA 33150

City, State & Zip

8722018632

Daytime Telephone number

EMILYZAVERI4U@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 TJP LIMITED INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____

100 SE 2ND ST _____

MIAMI FL 33131 _____

ARTICLE III PURPOSE THE PURPOSE FOR WHICH THIS CORPORATION SHALL BE
The purpose for which the corporation is organized is: _____
ORGANIZED IS FOR ANY AND ALL LAWFUL PURPOSES FOR WHICH A CORPORATION
_____ may be organized as per the laws of the state of FLORIDA

ARTICLE IV SHARES 10000
The number of shares of stock is: _____

FILED
2019 MAY 16 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	TARQUAN PEARMAN PRESIDENT	Name and Title:	JACK PEARMAN SECRETARY
Address	180 NW 67TH ST	Address:	180 NW 67TH ST
	MIAMI FL 33150		MIAMI FL 33150
_____	_____	_____	_____
_____	_____	_____	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
_____	_____	_____	_____
_____	_____	_____	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: JACK PEARMAN
 Address: 4610 NW 16TH AVE
 MIAMI FL 33142

ARTICLE VII INCORPORATOR

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

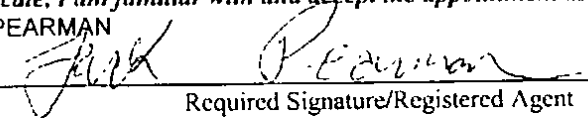
Name: TARQUAN PEARMAN
 Address: 180 NW 67TH ST
 MIAMI FL 33150

ARTICLE VIII EFFECTIVE DATE:

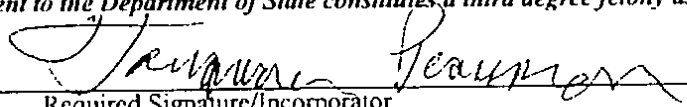
Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

JACK PEARMAN
 By:  5-15-2019
 Required Signature/Registered Agent 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.

 5-15-2019
 Required Signature/Incorporator Date