

P19000055529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

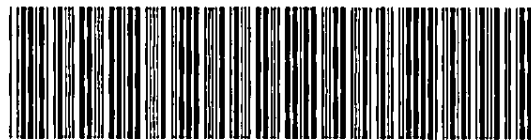
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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02/01/19--01018--030 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 JUL 16 AM 4:32  
TALLAHASSEE, FLORIDA





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 11, 2019

MICHAEL A FILIATRAULT  
1500 WEST STATE ROAD 84  
FORT LAUDERDALE, FL 33315

SUBJECT: TAG & TITLE 84 INC  
Ref. Number: W19000013192

We have received your document for TAG & TITLE 84 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/>

Florida law requires the principal office address to be a street address.

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.

Keyna E Page  
Regulatory Specialist II

Letter Number: 019A00002873

2019 JUL -5 AM 11:51

## COVER LETTER

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

**SUBJECT:** Tag & Title 84 Inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (!) 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:** Michael A Filiatrault

Name (Printed or typed)

1500 West State Road 84

Address

Fort Lauderdale, Florida.

City, State & Zip

954-605-0469

Daytime Telephone number

mikewin45@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: Tag & Title 84 Inc

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1500 west state road 84

3871 nw 119 ave

Fort Lauderdale, Florida, 33315

Sunrise, Florida 33323

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Courier service to offer a service to businesses and community

in transferring vehicle tags and titles and offer insurances, income taxes, liens

anything pertinent to Florida Motor vehicles, including, Mobile homes, trailers, boats etc

### ARTICLE IV SHARES

The number of shares of stock is: 1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael A Filiatrault, President

Name and Title:

Address 3871 NW 119 ave

Address:

Sunrise, Florida, 33323

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 JUL 16 AM 4:32  
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: Michael A Filiatrault \_\_\_\_\_

Address: 3871 NW 119 ave \_\_\_\_\_

Sunrise, Florida, 33323 \_\_\_\_\_

SECRETARY OF STATE  
DIVISION OF CORPORATION  
19 JUL 16 AM 4:32  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Michael A Filiatrault \_\_\_\_\_

Address: 3871 NW 119 ave \_\_\_\_\_

Sunrise, Florida, 33323 \_\_\_\_\_

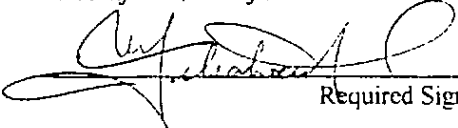
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/29/2019 (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.)

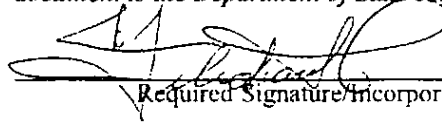
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

1/29/19  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

1/29/19  
\_\_\_\_\_  
Date