

P19000082745

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : AVA FINANCIAL CONSULTANTS INC  
Account Number : I20170000094  
Phone : (954)842-1979  
Fax Number : (954)905-4315

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: tammannaaskia@gmail.com

19 NOV -5 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
TSA BOCA INC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

214  
**COVER LETTER**

H190003268113

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

**SUBJECT:** TSA BOCA 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:** TAMANNA TABASUM

Name (Printed or typed)

5131 SABAL GARDENS LANE #1

Address

BOCA RATON, FL 33487

City, State & Zip

561-403-6287

Daytime Telephone number

TAMMANNATASKIA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) H190003268113

**ARTICLE I NAME**

The name of the corporation shall be: TSA BOCA INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5131 SABAL GARDENS LANE #1

5131 SABAL GARDENS LANE #1

BOCA RATON, FL 33487

BOCA RATON, FL 33487

**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 SHARES AT \$1.00 PAR VALUE

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

Name and Title: TAMANNA TABASUM - PDT

Name and Title: SHAMINA HOSSAIN - DS

Address 5131 SABAL GARDENS LANE, #1

Address: 5131 SABAL GARDENS LANE, #1

BOCA RATON, FL 33487

BOCA RATON, FL 33487

Name and Title: N/A

Name and Title: N/A

Address

Address:

Name and Title:

Name and Title:

Address

Address:

H190003268113

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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: TAMANNA TABASUM  
Address: 5131 SABAL GARDENS LANE, #1  
BOCA RATON, FL 33487

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: TAMANNA TABASUM  
Address: 5131 SABAL GARDENS LANE, #1  
BOCA RATON, FL 33487

**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*

Tamanna Tabasum  
Required Signature/Registered Agent

11/05/2019  
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.*

Tamanna Tabasum  
Required Signature/Incorporator

11/05/2019  
Date