

P19000091348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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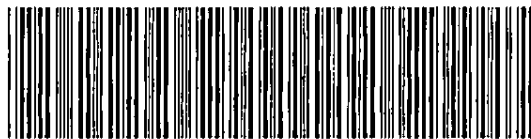
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

RECEIVED  
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SUBJECT: Window Tinting Tallahassee 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: LADY KEELS  
Name (Printed or typed)  
3419 APALACHEE PARKWAY  
Address  
TALLAHASSEE FL 32311  
City, State & Zip  
850 284 0571  
Daytime Telephone number  
doctint@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)

ARTICLE I NAME

The name of the corporation shall be: WINDOW TINTING TALLAHASSEE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 3419 APALACHEE PARKWAY  
TALLAHASSEE FL 32311

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WINDOW TINTING AND  
CAR ACCESSORIES AND EDUCATION OF SUCH.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LADY KEELS / CEO Name and Title:

Address: 3419 APALACHEE PARKWAY Address:  
TALLAHASSEE FL 32311

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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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: LADY KEELS  
Address: 3419 APALACHEE PARKWAY  
TALLAHASSEE FL 32311

9:12 AM  
12 DEC 12 PM 3:17

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LADY KEELS  
Address: 3419 APALACHEE PARKWAY  
TALLAHASSEE FL 32311

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: JAN 1, 2020 (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  
Date 12/12/19

*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  
Date 12/12/19

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