

PIA000091361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

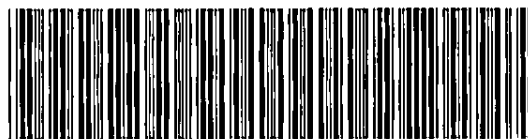
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

J DENNIS

DEC 12 2019



700337969657

12/12/19--01004--015 **140.00

RECEIVED
TALLAHASSEE, FLORIDA

2019 DEC 12 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 DEC 12 PM 7:37

FILED

COVER LETTER

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

SUBJECT: Tallahassee Window Tinting 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 Apachee 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)

DEC 12 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 DEC 12 PM 7:38

FILED

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: Tallahassee Window Tinting 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: LARRY KEELS/CEO

Name and Title:

Address

3419 APALACHEE PARKWAY
TALLAHASSEE FL.

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2019 DEC 12 PM 3:38

FILED
2019 DEC 12 PM 7:38
SECRETARY OF STATE
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: LADY KEELS

Address: 3419 Apalachee Parkway

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LADY KEELS

Address: 3419 Apalachee Parkway

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

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

FILED
2019 DEC 12 PM 7:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA