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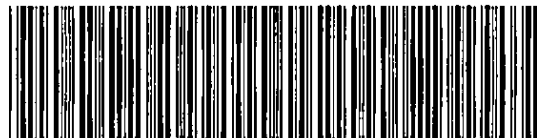
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2020 JAN 21 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: TMF SOLUTIONS 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: Michael J. Moskowitz  
Name (Printed or typed)

1265 Beacon St. - #502  
Address

Brookline, MA 02446  
City, State & Zip

954-661-5260  
Daytime Telephone number

terrymfigel@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: TMF SOLUTIONS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1551 N. FLAGLER DR. - UPH 11

Mailing address, if different is:

W. PALM BEACH, FL 33401

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Product sales and/or any other lawful purpose permitted under Florida law.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: TERRY M. FIGEL - President/Director

Name and Title: \_\_\_\_\_

Address 1551 N. FLAGLER DR. - UPH 11

Address: \_\_\_\_\_

W. PALM BEACH, FL 33401

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: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: TERRY MICHAEL FIGEL

Address: 1551 N. FLAGLER DR. - UPH 11

W. PALM BEACH, FL 33401

**ARTICLE VII INCORPORATOR**

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

Name: TERRY MICHAEL FIGEL

Address: 1551 N. FLAGLER DR. - UPH 11

W. PALM BEACH, FL 33401

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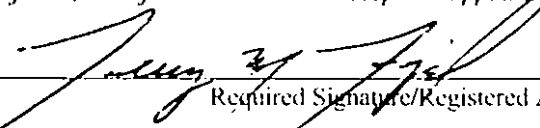
**ARTICLE VIII EFFECTIVE DATE:**

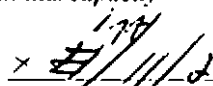
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

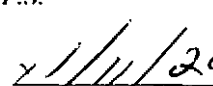
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

X  \_\_\_\_\_  
Required Signature/Registered Agent

X  1/11/2020  
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.*

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

X  1/11/2020  
Date