## P20000027189

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(dity/otalo/Lip/r none ")
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Germinal Copies
Special Instructions to Filing Officer:
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## **COVER LETTER**

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

SUBJECT:	TATE 2 TATE & (PROPOSED CORPORA	RENTAL, TWC ATENAME-MUSTINCL	<u>ÜDE SUFFIX</u> )
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
, _	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM:	HEATHER TA Nam 5856 ADMIRA		2020 H
	MILTON, FL City 85069	32583 . State & Zip 82862	FILED 2020 HAR 24 AM 9: 50 ALL ALL SSEE
	HEATHER TATE O	Telephone number  SAG C GMAIL. C  ed for future annual report	

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 1 NAME The name of the corporation	shall be: TATE 2 TA	TE RENTAL.	INC.
ARTICLE II PRINCIP.	AL OFFICE ncipal street address	N	Mailing address, if different is:
S856 ADA	MIRALS ROAD		
MILTON.	FL 32583		
ARTICLE III PURPOSE The purpose for which the	corporation is organized is:	·	
REAL EST	TE HOLDING, IN	NESTMENT	& LEASING.
			22
			10 HAR 2
			<u> </u>
ARTICLE IV SHARES The number of shares of sto	ck is: 100 Comp		
	OFFICERS AND/OR DIRECTOR.	·	 
Name and Title:_	PRESIDENT	Name and Title:	V. PRESIDENT
	RAIG TATE		
			5856 ADMIRALS RI
-	MILTON, FL 3		MILTON, FL 3258
Name and Title:		Name and Title	-
Address	<del></del>	Address:	
_			
_		<del></del>	
Name and Title:		Name and Title	:
Address		Address:	
_			
_			

Name and T	itle:	Name and Title:	
Address		Address:	
			<del></del>
	GISTERED AGENT  da street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	CRAIG TATE		
Address:	5856 ADMIRALS	RD	
	MILTON, FL 32	1583	
ADTICLE LAL IN	CORDOR (TOR		
ARTICLE VII IN			
The name and addr	ress of the Incorporator is:		
Name:			
Address:	5856 ADMIRALS	RD	
	MILTON. FL 32	<u> 783</u>	
(DTICLEVIII E	FFECTIVE DATE:		
Effective date, if otl	ner than the date of filing:	(OPTION	AL)
(If an effective dat filing.)	e is listed, the date must be specific an	d cannot be more than five day	s prior or 90 days after the
	serted in this block does not meet the ap		ents, this date will not be list
the document's effe	ctive date on the Department of State's r	ecords.	
	l as registered agent to accept service of p		
certificate, I am fan	niliar with and accept the appointment as	registered agent and agree to act	in this capacity
	live late		3-20-2020 Date
	Required Signature/Registered Ag	ent	Date
CRAIS TATE			
I submit this docum	nent and affirm that the facts stated her		
I submit this docum	nent and affirm that the facts stated her partment of State constitutes a third degr		