P21000034668

(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:

W21000051164
W21000049268
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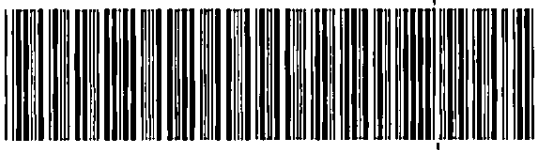
Office Use Only



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04/08/21--01004--021 **70.00

2021 APR 16 PM 2:30

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TROPICAL CHOICE CLEANERS INC

Signature

Requested by: SETH

Name Date Time

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File_____
- _____ LTD Partnership File_____
- _____ Foreign Corp. File_____
- _____ L.C. File_____
- _____ Fictitious Name File_____
- _____ Trade/Service Mark_____
- _____ Merger File_____
- _____ Art. of Amend. File_____
- _____ RA Resignation_____
- _____ Dissolution / Withdrawal_____
- _____ Annual Report / Reinstatement_____
- _____ Cert. Copy_____
- _____ Photo Copy_____
- _____ Certificate of Good Standing_____
- _____ Certificate of Status_____
- _____ Certificate of Fictitious Name_____
- _____ Corp Record Search_____
- _____ Officer Search_____
- _____ Fictitious Search_____
- _____ Fictitious Owner Search_____
- _____ Vehicle Search_____
- _____ Driving Record_____
- _____ UCC 1 or 3 File_____
- _____ UCC 11 Search_____
- _____ UCC 11 Retrieval_____
- _____ Courier_____

COVER LETTER

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

SUBJECT: TROPICAL CHOICE CLEANERS 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: RAJENDRA HARYPRASAD
Name (Printed or typed)

12793 77th PL N
Address

WEST PALM BEACH FL 33412.
City, State & Zip

732-666-2699.
Daytime Telephone number

Trevorprasad@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: TROPICAL CHOICE CLEANERS, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 7108 W MCNAB RD TAMARAC, FL 33321

Mailing address, if different is: 12793 77th PL N WEST PALM BEACH FL 33412

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: DRY CLEANING

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ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

(SECRETARY)
Name and Title: ANEEZA HARYPRASAD
Address: 12793 77th PL N WEST PALM BEACH FL 33412

(PRESIDENT)
Name and Title: RAJENDRA HARYPRASAD
Address: 12793 77th PL N WEST PALM BEACH FL 33412

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title N/A Name and Title N/A

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 RAJENDRA HARYPRASAD

Address 12793 77th PL N

WEST PALM BEACH FL 33412.

ARTICLE VII INCORPORATOR

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

Name RAJENDRA HARYPRASAD

Address 12793 77th PL N

WEST PALM BEACH FL 33412.

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.

Required Signature/Registered Agent 04-05-2021 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 04-05-2021 Date