

P21000047571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICKUP

☐ WAIT

☐ MAIL

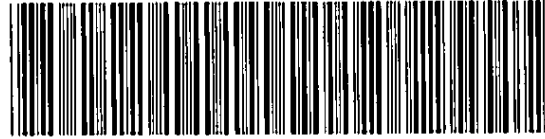
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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05/19/21--01006--024 **78.75

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2021 MAY 19 PM 2:27
TALLAHASSEE, FLORIDA

2021 MAY 19 AM 11:52
OFFICE OF THE CLERK OF STATE
TALLAHASSEE, FL

FILED

CAPITAL CONNECTION, INC.

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

TTP III, CORP

Signature

Requested by: SETH

Name

Date

Time

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 _____

COVER LETTER

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

SUBJECT: TTP III, Corp.

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Ramon Lindo

Name (Printed or typed)

201 Galen Dr., Suite 109W

Address

Key Biscayne, FL 33149

City, State & Zip

(786) 253-7661

Daytime Telephone number

irisiromero@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)

2021 MAY 19 4:11:52

ARTICLE I NAME

The name of the corporation shall be: TTP III, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

MAILING ADDRESS
STATE
FL

7980 East Dr., Suite 1501

North Bay Village, FL 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is organized for any legal purpose whatsoever and any businesses permitted under the laws of the United States and under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cristian Graziano, President/Secretary

Name and Title:

Address

7980 East Dr., Suite 1501

Address:

North Bay Village, FL 33141

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Ramon A. Lindo

Address: 7750 SW 117th Avenue, Suite 301

Miami, FL 33183

ARTICLE VII INCORPORATOR

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

Name: Ramon A. Lindo

Address: 201 Galen Dr., Suite 109W

Key Biscayne, FL 33149-2182

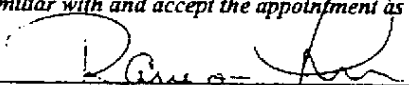
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/17/2021. (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.)

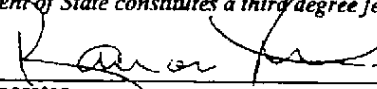
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

05/18/2021
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

05/18/2021
Date

2021 MAY 19 4:11:52
SEC. OF STATE
TALLAHASSEE, FL