

P21000251680

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H21000219604 3)))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : NEW CORP STARTUP
Account Number : I20200000195
Phone : (305)204-2900
Fax Number : (305)275-1301

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cpcjr22@gmail.com

2021 JUN -2 PM 4: 21
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION

Tiger Tennis, Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

, FILED

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2021 JUN -2 PM 4: 21

ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FL

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Tiger Tennis, Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address is: 8960 SW 124 Street, Miami, FL 33176

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles P Caudle Jr, President

Address: 8960 SW 124 Street, Miami, FL 33176

ARTICLE VI REGISTERED AGENT

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

New Corp Startup

14050 SW 84 Street, Suite 104, Miami, FL 33183

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

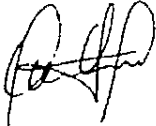
New Corp Startup

14050 SW 84 Street, Suite 104, Miami, FL 33183

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing:

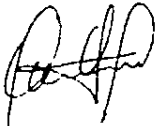
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

06/02/2021

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

06/02/2021

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUN -2 PM 4: 22

FILED