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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

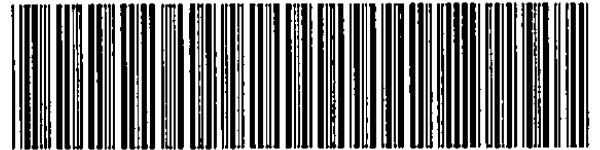
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2021

TRICILLA BRASCOM
8761 N. 56TH ST #290577
TAMPA, FL 33687 US

SUBJECT: EDEN'S WAY INC.
Ref. Number: W21000045350

We have received your document for EDEN'S WAY INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

Conflicting document number: L15000145712 Most financial institutions require you to implement one of the following, if you plan to initiate a bank account with your new company: D-Director | P-President | T-Treasurer | VP-Vice President | S-Secretary

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jalesa S Dennis
Regulatory Specialist II

Letter Number: 721A00007018

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

TBS Enterprises, Inc.

SUBJECT: Eden's Way 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: Tricilla Brascom
Name (Printed or typed)

8701 N. 56th St #290577
Address

Tampa, FL 33687
City, State & Zip

(813) 679-4722
Daytime Telephone number

Tricillab@hotmail.com
E-mail address: (to be used for future annual report notification)

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NOTE: Please provide the original and one copy of the articles.

ARTICLE I NAME

The name of the corporation shall be:

~~Edna's Way Inc~~ TB5 Enterprises, I

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8761 N. 56th St # 290577
Tampa, FL 33687

PO Box 290577
Tampa, FL 33687

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Selling mats

ARTICLE IV SHARES

The number of shares of stock is:

1

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tricilla Brascom

Name and Title:

Address

President

Address:

8761 N 56th St #290577
Tampa FL 33687

Name and Title:

Kia Brascom

Name and Title:

Address

Vice President

Address:

8761 N 56th St #290577
Tampa FL 33687

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: Kia Brascom
Address: 2761 N. 56th St
#290577 Tampa, FL 33687

ARTICLE VII INCORPORATOR

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

Name: Tricilla Brascom
Address: 2761 N. 56th St
#290577 Tampa, FL 33687

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 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 certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

3/01/20
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

3-1-20.
Date