

P22 0000 13722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

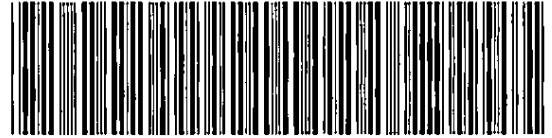
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
ALLAHASSEE, FLORIDA

2022 FEB 23 PM 3: 34

RECEIVED

2022 FEB 23 AM 10: 30

FILED
SECRETARY OF STATE
SECRET OF CORPORATION

Handwritten notes at bottom right

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 02/23/2022

****WALK IN****

ENTITY NAME Tola Marketing and Creative Inc

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ \$70

ACCOUNT # I20140000108
United Corporate
Services, Inc.

Keith Leppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

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: Tola Marketing and Creative Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

1317 Edgewater Dr., Suite #3298, Orlando, FL 32804

1317 Edgewater Dr., Suite #3298, Orlando, FL 32804

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful activity

ARTICLE IV SHARES

The number of shares of stock is: 1,000

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CORPORATION
2022 FEB 23 AM 10:30

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cassandra Shuck, Officer/Director Name and Title: _____

Address: 1317 Edgewater Dr., Suite #3298, Orlando, FL 32804 Address: _____

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: Cassandra Shuck
Address: 1317 Edgewater Dr., Suite #3298, Orlando, FL 32804

ARTICLE VII INCORPORATOR

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

Name: Cassandra Shuck
Address: 1317 Edgewater Dr., Suite #3298, Orlando, FL 32804

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DEPARTMENT OF CORPORATIONS
2022 FEB 23 AM 10:30

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



02/20/2022

Required Signature/Registered Agent

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.



02/20/2022

Required Signature/Incorporator

Date