

3/15/22, 10:09 AM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GFS TAX & ACCOUNTING SERVICES
Account Number : I20140002089
Phone : (754)301-2128
Fax Number : (954)252-4650

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

Email Address: INFO@GFSTAXACCT.COM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION
TMG GLOBAL PARTNERS CORP

| | |
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MAR 16 2022

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COVER LETTER

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

SUBJECT: TMG GLOBAL PARTNERS 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED**FROM:** JULIANA MACHADO, CPA

Name (Printed or typed)

11764 W SAMPLE RD STE 102

Address

CORAL SPRINGS, FL 33065

City, State & Zip

754-301-2128

Daytime Telephone number

JULIANA@GFSTAXACCT.COM

E-mail address: (to be used for future annual report notification)

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

H220000964283

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: TMG GLOBAL PARTNERS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

11764 W SAMPLE RD STE 102CORAL SPRINGS, FL 33065**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: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: TATYANNA BEZERRA GONDIM

Name and Title: _____

Address 12922 GRAND OAKS DR

Address: _____

DAVIE, FL 33330

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GFS TAX & ACCOUNTING SERVICES
 Address: 11764 W SAMPLE RD STE 102
CORAL SPRINGS, FL 33065

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: GILVAM F DOS SANTOS
 Address: 11764 W SAMPLE RD STE
CORAL SPRINGS, FL 33065

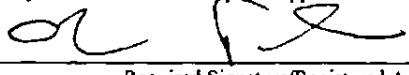
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 TALLAHASSEE, FLORIDA

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*

 03/15/22
 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.

 03/15/22
 Required Signature/Incorporator Date