P22000028293

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000105011 3)))

H220001050113ABCM

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : ENVISION LEASING & MANAGEMENT
Account Number : I20220000052
Phone : (786)739-8505
Fax Number : (305)402-7992

FILED
2022 APR 13 PM 1:58
TALLAHASSEE, FLORIDA

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

Email Address: envizionlegalteam@gmail.com

RECEIVED
2022 APR 13 PM 4:28
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL RECORDING SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
T.L.M.R. FINANCE CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$78.75

(H22000105011 3)

COVER LETTER

(H22000105013.)

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

SUBJECT: T.L.M.R. FINANCE CORPORATION
(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: Andrea Mullings.
Name (Printed or typed)

1631 DEL PRADO BLvd. S STE 300
Address

CAPE CORAL, FL. 33990.
City, State & Zip

+1-302-492-2698.
Daytime Telephone number

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

FILED
2023 APR 13 PM 1:58
TALLAHASSEE, FLORIDA

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

(H22000105013)

ARTICLES OF INCORPORATION (H22000105011 3).
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: T. L. M. R. Finance Corporation

ARTICLE II PRINCIPAL OFFICE
Principal street address: 1631 DEL PRADO BLVD. S SUITE 300, CAPE CORAL, FL 33990

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: "Manage the financing and investing activities of the company and affiliated companies to achieve financial and operational goals by implementation of a financial system, assets management and ondore, under Florida Laws & regulations.

ARTICLE IV SHARES
The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: (P) Quadcities Partners Capital, Inc
Address: 1312 N. Market ST FL-7.
Wilmington, Delaware 19801.

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

FILED
2022 APR 13 PM 1:51
TALLAHASSEE, FL

(H22000105011 3)

(H22000105011 3)

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: ESTATE PROFILE Management CORPORATION

Address: 1326 E. Commercial Blvd.
Oakland Park, FL 33334.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Envizion LLC.

Address: 8051 N. Tamiami Trail, Ste E6
SARASOTA, FL 34243.

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.

FILED
2022 APR 13 PM 1:5
TALLAHASSEE, FLORIDA

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

_____ 04/12/2022
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.

_____ 04/12/22
Required Signature/Incorporator Date

(H22000105011 3)