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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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FLORIDA PROFIT/NON PROFIT CORPORATION TATOOKOS INC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

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RECEIVED

2022 JUL 14 PM 3:39

CREATION
COMMERCIAL
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2023 JUL 14 AM 1:57

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COVER LETTER

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

SUBJECT: TATOOKOS 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 ☒ \$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: GILDA ESPINA ALVIAREZ

Name (Printed or typed)

2644 MAGNOLIA AVENUE

Address

DAVENPORT, FL 33837

City, State & Zip

407-346-1216

Daytime Telephone number

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

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: TATOOKOS INCARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

2644 MAGNOLIA AVENUE2644 MAGNOLIA AVENUEDAVENPORT, FL 33837DAVENPORT, FL 33837ARTICLE III PURPOSEThe purpose for which the corporation is organized is: HOTELARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: PRESIDENT

Name and Title: _____

Address

GILDA ESPINA ALVIAREZ

Address: _____

2644 MAGNOLIA AVENUEDAVENPORT, FL 33837

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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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: GILDA ESPINA ALVAREZ
Address: 2644 MAGNOLIA AVENUE
DAVENPORT, FL 33837

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: GILDA ESPINA ALVAREZ
Address: 2644 MAGNOLIA AVENUE
DAVENPORT, FL 33837

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.

GE
Required Signature/Registered Agent

07/14/2022
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.

GE
Required Signature/Incorporator

07/14/2022
Date

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