

P23000603687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

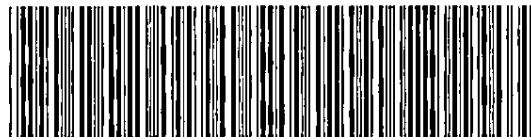
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

al Instructions to Filing Officer.

Office Use Only



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S. CHATHAM
JAN 20 2023

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: MISTY 1/17

CERTIFIED COPY

XX PHOTOCOPY

CUS

XX FILING

INC

1. TO TALLER CORP.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



Corrected

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2023

CORPORATE ACCESS, INC.

SUBJECT: TU TALLER CORP.
Ref. Number: W23000004698

We have received your document for 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 document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 123A00001132



COVER LETTER

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

SUBJECT: TU Taller 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
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: Abraham Gonzalez Carmona
Name (Printed or typed)

16577 SW 117 Ave
Address

Miami FL 33177
City, State & Zip

305-801-7440 - 305-267-8813
Daytime Telephone number

Costien Services Inc. @GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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: TU TALLER CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16577 SW 117 AVE
Miami FL. 33177

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Abraham Gonzalez Parman Name and Title: _____

Address 16577 SW 117 AVE Address: _____

Miami, FL. 33177

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
JAN 19 PM 4:36
CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA

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: Israhim Gonzalez Carmona

Address: 16577 SW 117 Ave
Miami, FL. 33177

ARTICLE VII INCORPORATOR

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

Name: Israhim Gonzalez Carmona

Address: 16577 SW 117 Ave
Miami, FL. 33177

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/16/2023 (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

[Signature]
Required Signature/Registered Agent

1/16/2023
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.

[Signature]
Required Signature/Incorporator

Date 1/16/2023

2. JAN 19 PM 4:36
DIVISION 2-11
STATION 1