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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
Account Number : I20070000019
Phone : (518)689-1212
Fax Number : (518)432-0742

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

Email Address: alcoinc1@aol.com

FLORIDA PROFIT/NON PROFIT CORPORATION
TM LABS INC

Certificate of Status	1
Certified Copy	0
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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:

TM LABS INC

ARTICLE II PRINCIPAL OFFICE

The principal street address of this corporation shall be:

975 BEAR ISLAND CIRCLE, WEST PALM BEACH, FL 33409

The mailing address of this corporation shall be:

975 BEAR ISLAND CIRCLE, WEST PALM BEACH, FL 33409

ARTICLE III PURPOSE

The purpose(s) for which this corporation is organized is(are) to engage in any activity within the purposes for which corporations may be organized under Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200 No Par Value

ARTICLE V INITIAL DIRECTORS/OFFICERS AND STREET ADDRESS

The name and address of the initial directors/officers is:

PETER COMAN, President
975 BEAR ISLAND CIRCLE, WEST PALM BEACH, FL 33409

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FALL COUNTY, FL

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PETER COMAN, 975 BEAR ISLAND CIRCLE, WEST PALM BEACH, FL 33409

ARTICLE VII INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

***PETER COMAN, President
975 BEAR ISLAND CIRCLE, WEST PALM BEACH, FL 33409***

October 18, 2023

Having been named as registered agent to accept service of process for the above stated corporation at the place designed in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

**s/ PETER COMAN
PETER COMAN
Registered Agent**

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.

**s/ PETER COMAN
PETER COMAN
Incorporator / President**

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FALLS CHURCH, VA