

P24000001910

(Requestor's Name)

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MAIL

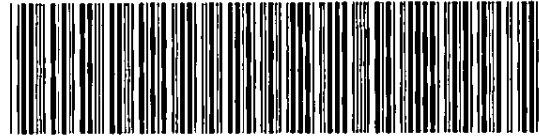
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024

**CT CORP**  
**(850) 656- 4724**  
**3558 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 01/03/2024

Acc#120160000072

*en: c DW*

Name:	Terns, Inc.
Document #:	
Order #:	15296718 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
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Email Address for Annual Report Notifications:

mdanton@kba.law

Availability _____
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Examiner _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **78.75**

**Thank you!**

## COVER LETTER

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

**SUBJECT:** Terms, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Michele Danton

\_\_\_\_\_  
Name (Printed or typed)

c/o Kunzler Bean & Adamson, PC, 50 W Broadway, 10th Floor

\_\_\_\_\_  
Address

Salt Lake City, UT 84101

\_\_\_\_\_  
City, State & Zip

801-693-1515

\_\_\_\_\_  
Daytime Telephone number

mdanton@kba.law

\_\_\_\_\_  
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: Terns, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
803 N Osprey Avenue  
Sarasota, FL 34236

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any lawful purpose.

**ARTICLE IV SHARES**

The number of shares of stock is: 15,000,000 shares of Common Stock

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Eduardo Esquenazi, CEO and President

Address: 803 N Osprey Avenue  
Sarasota, FL 34236

Name and Title: Micheile David, Treasurer

Address: 803 N Osprey Avenue  
Sarasota, FL 34236

Name and Title: Tamara Schwent, Secretary

Address: 803 N Osprey Avenue  
Sarasota, FL 34236

Name and Title: Eduardo Esquenazi, Director

Address: 803 N Osprey Avenue  
Sarasota, FL 34236

Name and Title: Tamara Schwent, Director

Address: 803 N Osprey Avenue  
Sarasota, FL 34236

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Tamara Schwent

Address: 803 N Osprey Avenue

Sarasota, FL 34236

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Penley

Address: 50 West Broadway, 10th Floor

Salt Lake City, UT 84101

**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*

By:   
Required Signature/Registered Agent

12 / 29 / 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.*

  
Required Signature/Incorporator

12 / 29 / 2023

\_\_\_\_\_  
Date

2024

11:00:00