

P2400008263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

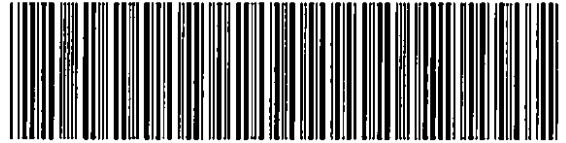
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300421092953

01/03/24--01045--017 **129.75

FILED
2024 JAN -3 AM 8:38
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: TIM Double A Corp

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

From: Accounting & Business Consulting LLC

Name (printed or typed)

5 E College Dr Ste 203

Address

Arlington Heights, IL 60004

City, State & Zip

773-707-7773

Daytime Telephone Number

payroll@llcabc.com

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

2024 JAN -3 AM 8:38
STATE
OF FLORIDA, FL

FILED

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Timur Minnullin
(Name) (Title)

of TIM Double A Corp, a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is TIM Double A Corp
(Foreign Corporation)
2. The jurisdiction and date of its formation is NEW YORK, 07/10/2020
3. The name of the domesticated corporation is TIM Double A Corp
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

Timur Minnullin
(Authorized Signature)

FILED
JAN 3 2024
AM 8:38
TALLAHASSEE, FL

FILED

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

TIM Double A Corp

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address
10598 Cordgrass Ln Apt 1301

Jacksonville, FL 32258

Mailing Address
10598 Cordgrass Ln Apt 1301

Jacksonville, FL 32258

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

The transaction of any and all lawful business for which corporations may be incorporated under the Florida Statutes

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Timur Minnullin

10598 Cordgrass Ln Apt 1301

Jacksonville, FL 32258

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Timur Minnullin
Signature/Registered Agent

12/21/2023
Date

2024 JAN -3 AM 8:38
STATE
JACKSONVILLE, FL

FILED

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Timur Minnullin, P

Address: 10598 Cordgrass Ln

Apt 1301

Jacksonville, FL 32258

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

I submit this document and affirm that the facts stated herein are true. I am aware that 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.

Timur Minnullin
Signature/Authorized Person

12/21/2023
Date

2024 JAN -3 AM 8:38
CLERK OF THE STATE
JACKSONVILLE, FL

FILED