

Leslie Sellers 8004323622 (02/01) 03/25/2024 01:25:55 PM

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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 : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
TIGRIS (FLORIDA), INC.**

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

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**ARTICLES OF INCORPORATION**

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

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**ARTICLE I NAME**The name of the corporation shall be: Tigris (Florida), Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address8711 E. Pinnacle Peak Rd., Suite #141Scottsdale, AZ 85255

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

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

Florida, as amended from time to time. The corporation initially intends to engage in the business of acquiring, owning,holding for investment, selling, transferring, exchanging and otherwise dealing in real property and interests therein**ARTICLE IV SHARES**The number of shares of stock is: 1,000,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Rachael Hansen, PresidentName and Title: Rachael Hansen, DirectorAddress 8711 E. Pinnacle Peak Rd., Suite #141  
Scottsdale, AZ 85255Address: 8711 E. Pinnacle Peak Rd., Suite #141  
Scottsdale, AZ 85255Name and Title: Rachael Hansen, Secretary

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

Address 8711 E. Pinnacle Peak Rd., Suite #141  
Scottsdale, AZ 85255

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: Capitol Corporate Services, Inc.

Address: 515 E Park Ave, 2nd Floor  
Tallahassee FL 32301

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Kelly Mooney

Address: 2415 East Camelback Road, Suite 600  
Phoenix, AZ 85016

**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*

<u>Kim Tadlock</u>	Kim Tadlock, as Asst. Secretary	3/25/24
	Required Signature/Registered Agent	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.*

<u>s/ Kelly Mooney</u>	3/25/2024
Required Signature/Incorporator	Date

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