

Apr. 17. 2024 12:33PM

**P2400026867**

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

From:  
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Account Number : I20030000043  
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**\*\*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  
TJD BUSINESS SOLUTIONS CONSULTANCY INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

No. 1367 P. 2

ARTICLE I NAME

The name of the corporation shall be: TJD BUSINESS SOLUTIONS CONSULTANCY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
829 CAMINO GARDENS LN  
BOCA RATON, FL 33432

Mailing address, if different is:  
829 CAMINO GARDENS LN  
BOCA RATON, FL 33432

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: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

|                 |                                  |                 |       |
|-----------------|----------------------------------|-----------------|-------|
| Name and Title: | <u>ANTHONY DITUCCI/PRESIDENT</u> | Name and Title: | _____ |
| Address         | <u>829 CAMINO GARDENS LN</u>     | Address:        | _____ |
|                 | <u>BOCA RATON, FL 33432</u>      |                 | _____ |

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address         | _____ | 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: ANTHONY DITUCCI

Address: 829 CAMINO GARDENS LN  
BOCA RATON, FL 33432

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LAWRENCE KIRSCH

Address: 41 STATE STREET SUITE 700  
ALBANY, NY 12207

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**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*

/S/ ANTHONY DITUCCI

Required Signature/Registered Agent

4/17/2024

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.*

Lawrence A. Kirsch

Required Signature/Incorporator

4/17/2024

Date