

P24000045650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL



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07/12/24--01001--023 \$187.50

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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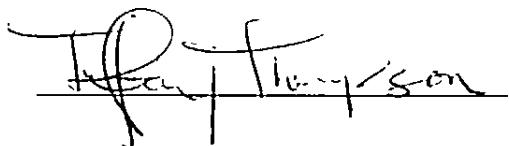
2024 JUL 12 AM 11:27

SERIAL
RECEIVER, FLORIDA

Name Release Affidavit

I, Tiffany Thompson, own Street Dollars Network with the assigned document number T2400000601. I am releasing the name to use for a profit corporation.

Thank you,

A handwritten signature in black ink that reads "Tiffany Thompson". The signature is fluid and cursive, with "Tiffany" on the top line and "Thompson" on the bottom line, with a small "T" preceding "Thompson".

COVER LETTER

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

SUBJECT: Street Dollars Network 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
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy
 \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Tiffany Thompson
Name (Printed or typed)

4768 woodville highway
Address

Tallahassee, Florida 32305
City, State & Zip

710 276 0060
Daytime Telephone number

Beckadore@gmail.com
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: Street Dollars Network Inc

ARTICLE II. PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4768 ~~accolige~~ ^{accolige} ~~Tu~~ ^{Tu} ~~Grisea~~ ^{Grisea}
Tall at base ex fl. 3230 ft

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To assist with

project management

ARTICLE IV SHARES

The number of shares of stock is: 140.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Director

Name and Title: Tiffany Thompson Name and Title: _____

Address 4768 Woodville Address: _____

Highway
Tallahassee, FL 32305

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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—
—
—
—

Name and Title: _____ 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: Ashley Graham
Address: 4768 woodville highway
Tallahassee Fl. 32305 (11)
32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tiffany Thompson
Address: 4768 woodville highway
Tallahassee Fl. 32305 (11)
32305

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/12/24 (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

W. Ashley Graham
Required Signature/Registered Agent

7/12/24
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.

Tiffany Thompson
Required Signature/Incorporator

7/12/24
Date

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