

P24000053794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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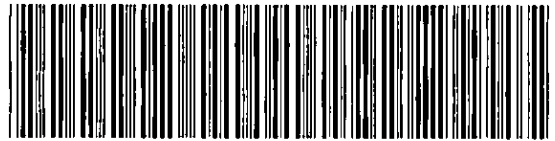
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/13/24--01010--002 **70.00

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STATE

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T.S.H.
8/22/24

COVER LETTER

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

SUBJECT: AI QONNECT, 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

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

ADDITIONAL COPY REQUIRED

FROM: TIQUISHA TOBIN

Name (Printed or typed)

2357 SE 12TH COURT

Address

HOMESTEAD, FL 33035

City, State & Zip

305-910-8704

Daytime Telephone number

TIQUISHA.TOBIN@GMAIL.COM

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

NOTE: Please provide the original and one copy of the articles.

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2009 JUN 12 PM 4:11

DEPARTMENT OF STATE

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: AI QONNECT, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
2357 SE 12TH CT
HOMESTEAD, FL 33035

Mailing address, if different is:
2357 SE 12TH CT
HOMESTEAD, FL 33035

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL PURPOSE IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 5000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT TIQUISHA TOBIN

Name and Title: _____

Address 2357 SE 12TH CT

Address: _____

HOMESTEAD FL 33035

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2004 AUG 12 PM 5:11
CLERK OF STATE

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: TIQUISHA TOBIN
Address: 2357 SE 12TH CT
HOMESTEAD FL 33035

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____
Address: _____

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

Tiquisha Tobin
Required Signature/Registered Agent

8/1/24
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.

Tiquisha Tobin
Required Signature/Incorporator

8/1/24
Date

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2024 AUG 12 PM 2:11
STATE