

# P240000 76193

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

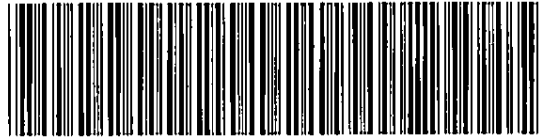
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## COVER LETTER

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

SUBJECT: TLM DESIGN & CONSTRUCTION, 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: TINA LOUISE MANGIARDI  
Name (Printed or typed)

808 N. FRANKLIN STREET #1411  
Address

TAMPA, FL 33602  
City, State & Zip

813-393-8755  
Daytime Telephone number

TIMATLMENGINEERING@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: TLM DESIGN & CONSTRUCTION, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

800 N. FRANKLIN STREET #1411  
TAMPA, FL 33602

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROVIDE CONSTRUCTION, DESIGN  
SERVICES INCLUDING NEW CONSTRUCTION, RENOVATION AND  
RELATED ACTIVITIES LAWFULLY WITHIN THE STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

- OWNER / MGR / CEO

Name and Title: TINA LOUISE MANGLANO Name and Title: \_\_\_\_\_

Address: 800 N. FRANKLIN STREET #1411 Address: \_\_\_\_\_  
TAMPA, FL 33602

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

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

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

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

2014 DEC 19 PM 12:07

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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: MARK RANKIN, ATTORNEY AT LAW  
Address: 1410 N. WESTSHORE BLVD, SUITE 200  
TAMPA, FL 33607-4533  
727-365-1751

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: MARK RANKIN, ATTORNEY AT LAW  
Address: 1410 N. WESTSHORE BLVD, SUITE 200  
TAMPA, FL 33607-4533  
727-365-1751

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: DECEMBER 19, 2024 (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*

Mark Rankin  
Required Signature/Registered Agent

12/19/2024  
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.*

[Signature]  
Required Signature/Incorporator

12/19/2024  
Date