

P240000077256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

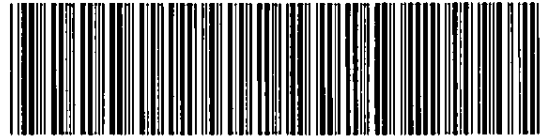
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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RECORDS SECTION

-D

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905

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$78.75

Authorization Signature *[Signature]*

TB3 Management Inc

Business

#Document

Walk in

Will wait

☒ **Certified Copies of the Articles of Organization**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ LLC  
☐ Domestication  
☒ INC  
☐ CORP  
☐ OTHER

**AMENDMENTS**

☐ Amendment  
☐ Resignation of R.A.  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Conversion  
☐ Statement of Authority  
☐ Merger  
☐ Amended and Restated Articles

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ Statement of Authority  
☐ APOSTIL                       
                    COUNTRY

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing  
☐ Partnership  
☐ Reinstatement  
☐ Statement of CORRECTION  
☐ Domestication of a Foreign Corp.  
☐ Other

EXAMINER'S INITIALS:                     

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TALLAHASSEE, FL  
RECEIVED

## COVER LETTER

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

TB3 Management Inc.

SUBJECT: \_\_\_\_\_  
(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: Jason Kung  
Name (Printed or typed)  
4 Centerpointe Dr #310  
Address  
La Palma, CA 90623  
City, State & Zip  
714-252-5822  
Daytime Telephone number  
mike@shoresidesupport.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: TB3 Management Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
12773 Forest Hill Blvd Ste 1208  
Wellington, FL 33414

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**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: 10000

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

Name and Title: Thomas Baldwin III, President Name and Title: \_\_\_\_\_

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

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

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

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

Address: \_\_\_\_\_ 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: Majek Holdings Inc

Address: 12773 Forest Hill Blvd Ste 1208

Wellington, FL 33414

**ARTICLE VII INCORPORATOR**

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

Name: Thomas Baldwin III

Address: 12773 Forest Hill Blvd Ste 1208

Wellington, FL 33414

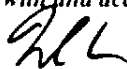
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12/27/2024 (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*

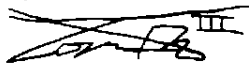


\_\_\_\_\_  
Required Signature/Registered Agent

12/27/2024

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Required Signature/Incorporator

12/27/2024

\_\_\_\_\_  
Date

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CLERK OF COURT  
STATE OF FLORIDA