

P97000041318

TRANSMITTAL LETTER

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

SUBJECT: ANNIE TIQUES CORPORATION
(Proposed corporate name - must include suffix)

200002166182--0
-05/05/97--01112--005
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: LEONARD DOCTORS
Name (Printed or typed)
3113 Belden Suite #3
Address
Jacksonville, FL 32207
City, State & Zip
904-399-3297
Daytime Telephone number

FILED
97 MAY -5 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SPOKE TO Leonard
aware of similar name.
DIC # P97000032595

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

4.11.5/9/97

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ANNIE TIQUES CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**3113 Belden Suite #3
Jacksonville, FL 32207**

(904) 399-3297

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

**LEONARD DOCTORS
3113 Belden Suite #3
Jacksonville, FL 32207**

(904) 399-3297

ARTICLE V INCORPORATOR

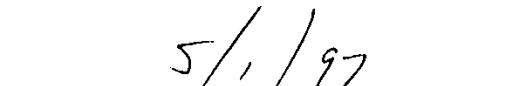
The name and address of the incorporator to these Articles of Incorporation are:

**LEONARD DOCTORS
3113 Belden Suite #3
Jacksonville, FL 32207**

(904) 399-3297



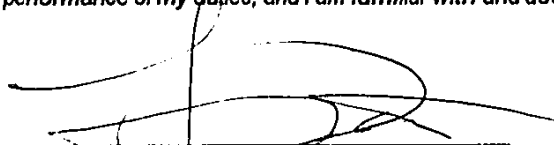
Signature/Incorporator




Date

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent



Date

FILED

97 MAY -5 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA