P96000093488

Requestor's Name

Tomaszewski
350 Devon Place
Heathrow, FL 32746
City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

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****122.50 ****122.50

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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96 NOV 14 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

706
685516634, 2287, 671
W96-23344

REGISTER NOV 4 1996

Examiner's Initials	

CR2E031(1/95)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 4, 1996

JOYCE TOMASZEWSKI
350 DEVON PLACE
HEATHROW, FL 32746

SUBJECT: TAB PRODUCTS OF CENTRAL FLORIDA, INC.
Ref. Number: W96000023344

We have received your document for TAB PRODUCTS OF CENTRAL FLORIDA, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for $122.50.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

The corporate fees are as follows:

CORPORATIONS FILING FEES

Profit and NonProfit
Florida & Foreign Corp.

Filing Fees	$35.
Registered Agent Designation	$35.
Certifed Copy	$52.50
Total Fee Due	$122.50

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6919.

Beth Register

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

TAB PRODUCTS OF CENTRAL FLORIDA, INC.

The undersigned forms a corporation under the laws of the State of Florida

ARTICLE I

The name of this corporation shall be: **TAB PRODUCTS OF CENTRAL FLORIDA, INC.** Principal Address - 1154 Solana Ave Winter Park, Fl 32789

ARTICLE II

The general nature of the business shall be the sale of office products.

This corporation may engage in any activity or business permits under the laws of the United States and of the State of Florida.

ARTICLE III

The initial registered agent and the street address of the initial registered office are:

Paul Tomaszewski
1154 Solana Ave.
Winter Park, FL 32789

ARTICLE IV

The capital stock of this corporation shall consist of 1000 shares of common stock with a par value of $1.00.

ARTICLE V

The business of the corporation shall be conducted by a Board of Directors consisting of not less than one (1) one director. The name and address of the director are:

Joyce Tomaszewski
350 Devon Place
Heathrow, FL 32746

ARTICLE VI

The name and address of the incorporator are:

Joyce Tomaszewski
350 Devon Place
Heathrow, FL 32746

ARTICLE VII

The shareholders of this corporation shall have a preemptive right to acquire unissued or treasury shares of the corporation convertible into or carrying a right to subscribe to or acquire shares as issued by the corporation.

IN WITNESS WHEREOF, I have hereunto set hand and seal this 28th day of October, 1996.

Joyce Tomaszewski

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF SEMINOLE

Before me, the undersigned officer, personally appeared Joyce Tomaszewski, to me well known to be the person described in and who executed the foregoing Articles of Incorporation, and who acknowledged before me that she executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal in the State and County last aforesaid this 28 th day of October, 1996.

Debra L. Pierce
Print, type or stamp name of Notary Public
Personally known ☐ OR Produced I.D. ☒
Type of Number of I.D. produced:
FL DL T522 420-53-948-0

Debra L. Pierce
Notary Public

My commission expires:

NOTARY PUBLIC STATE OF FLORIDA

DEBRA L PIERCE
My Commission CC457589
Expires May. 07, 1999
Bonded by ANB
800-852-5878

ACKNOWLEDGMENT BY REGISTERED AGENT

Having been named to accept service of process for the above corporation, at the place designated in the Articles of Incorporation, I hereby accept to act in this capacity and agree to comply with the provisions of the statutes relative to keeping open said office.

Joyce Tomaszewski
Registered Agent