

P12000056458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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W12-  
32316

FILED  
12 JUN 22 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

JUN 22 2012

## COVER LETTER

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

SUBJECT: 3T'S WELDING 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: TREVOR STUBBS  
Name (Printed or typed)

8953 SPRINGTREE LAKES DR  
Address

SUNRISE FL 33351  
City, State & Zip

754-246-2080  
Daytime Telephone number

TREVOR377@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 JUN 22 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 14, 2012

TREVOR STUBBS  
8953 SPRINGTREE LAKES DR  
SUNRISE, FL 33351

SUBJECT: 3T'S WELDING INC.  
Ref. Number: W12000032316

We have received your document for 3T'S WELDING INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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 (850) 245-6052.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 812A00016678

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: 3T'S WELDING INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8953 Springtree Lakes Dr  
Sunrise FL 33351

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to engage in any activity or business permitted under the  
Laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,500 COMMON SHARES PER VALUE \$0.01

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

Name and Title: TREVOR STUBBS

Address: DIRECTOR, PRESIDENT  
8953 Springtree Lakes Dr  
Sunrise FL 33351

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

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

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

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

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

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

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

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

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

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

FILED  
12 JUN 22 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TREVOR STUBBS

Address: 8953 Springtree Lakes Dr  
Sunrise FL 33351

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: TREVOR STUBBS

Address: 8953 Springtree Lakes Dr  
Sunrise FL 33351

*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*

T Stubbs

Required Signature/Registered Agent

6-10-12

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.*

T Stubbs

Required Signature/Incorporator

6-10-12

Date