## POOOOO97822

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

				·
SUBJECT:	L.P. T. Unlie	nited Ente	erprises, I	-nc.
			00003426 -10/16/000 *****78.75	1800 1112008 *****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 of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Linda P. Touchton Name (Printed or typed)				
Post Office Box 237				
Old Town Florida 32680 City, State & Zip				
	(352) 54	2-7733-		

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

Daytime Telephone number

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:	T. Unlimited Enterprises, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	4130 North west 6th Street Gainesville, Florida 32609
ARTICLE III PURPOSE  The purpose for which the corporation is organized in	t the file of the second section is a second second section of the second section is a second second section of
to conduct any	lawful business of
ARTICLE IV SHARES The number of shares of stock is:	lawful business
ARTICLE V INITIAL OFFICERS DIRECT The name(s) and address(es): Linda P. Touchton POBox 237 Old Town, FC 32680	ORS (optional)  John R. Touchton  PO Box 237  Old Town, FL 32680
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registere	ed agent is:
Linda P. Touchton Country Road 351-U Old Town, FL 32686  ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Linda P. Touchton PO Box 237 Old Town, FL 32686	· · · · · · · · · · · · · · · · · · ·
**************************************	***************  ess for the above stated corporation at the place designated in this  istered agent and agree to act in this capacity
Signature/Registered Agent / Incorporator	09/29/00
70	Date