

P010000004174

Form 1

TRANSMITTAL LETTER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JAN -8 AM 11:09

FILED

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

SUBJECT:

T. C. GORDON ENTERPRISES, INC.

(Proposed corporate name - must include suffix)

800003528678-2
-01/09/01-01004-006
*****70.00 *****70.00

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:

Thomas C Gordon Jr

Name (Printed or typed)

650 63rd Ave. So.

Address

St Petersburg FL 33705

City, State, & Zip

727-867-8448

Daytime Telephone number

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

ARTICLES OF INCORPORATION

1. The name of the corporation shall be: T. C. GORDON ENTERPRISES, INC.
2. The principal place of business and mailing address of the corporation is: 650 63RD
AVE. SO. ST PETERSBURG FL 33705
3. The corporation shall have the authority to issue 10 shares of stock.
4. The registered agent of the corporation is THOMAS C Gordon Jr and the registered street address is 650 63RD AVE SO ST PETERSBURG
Florida 33705.
5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows: THOMAS C Gordon Jr
650 63RD AVE SO.
ST PETERSBURG FL 33705

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is THOMAS C Gordon Jr whose street address is 650 63RD AVE SO ST PETERSBURG FL 33705

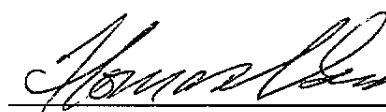
Dated 1-4-01



Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 1-4-01



Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA