

PO2000131380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

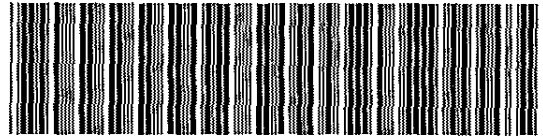
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500009302275

12/12/02--01042--015 **78.75

FILED

2002 DEC 12 AM 9:50

12-16-02

David N. Leonard
4920 Jim Davis Road
Parrish, Florida 34219

26 November 2002

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

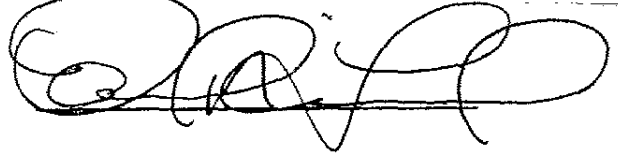
RE: T-Square Enterprises, Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named Corporation.

Very truly yours,

A handwritten signature in black ink, appearing to be 'D. N. Leonard', written over a horizontal line.

Mailing Address of Corporation:

4920 Jim Davis Road
Parrish, Florida 34219

Phone: 941 776 1744

ARTICLES OF INCORPORATION

of

T-Square Enterprises, Inc.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

T-Square Enterprises, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS		
4920 Jim Davis Road		
CITY Parrish	FLORIDA	ZIP 34219
Mailing address, if different		
STREET ADDRESS		
CITY	FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	David N. Leonard	
ADDRESS	4920 Jim Davis Road	
CITY	FLORIDA	ZIP 34219

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

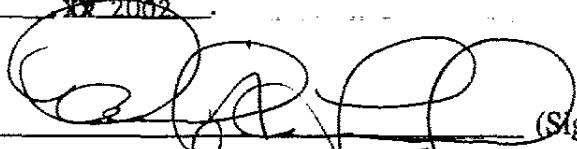
NAME	David N. Leonard		
ADDRESS	4920 Jim Davis Road		
CITY	Parrish	STATE Florida	ZIP 34219
NAME	Jon D. Leonard		
ADDRESS	328 Shore Drive		
CITY	Ellenton	STATE Florida	ZIP 34222
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VIII - INCORPORATORS

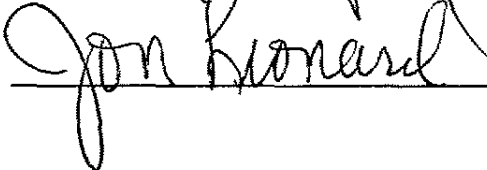
The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	David N. Leonard		
ADDRESS	4920 Jim Davis Road		
CITY	Parrish	STATE Florida	ZIP 34219
NAME	Jon D. Leonard		
ADDRESS	328 Shore Drive		
CITY	Ellenton	STATE Florida	ZIP 34222
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 26th
day of November 19 2002



(Signature)

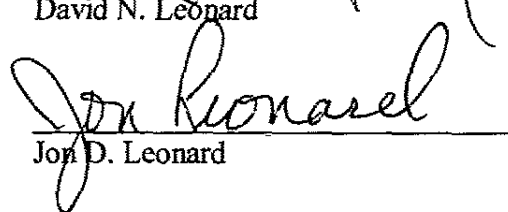


(Signature)

(Signature)

IN WITNESS WHEREOF, for the purpose of forming a corporation
under the laws of the State of Florida, the undersigned executed these
Articles of Incorporation on this 26th day of November, 2002.


David N. Leonard

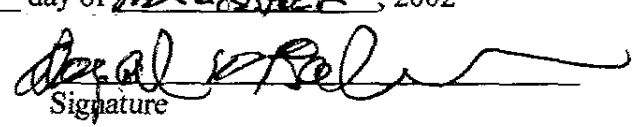

Jon D. Leonard

STATE OF FLORIDA
COUNTY OF MANATEE

I HEREBY CERTIFY that on this day, before me, an officer duly
authorized in the State aforesaid and in the County aforesaid to take
acknowledgments, personally appeared David N. Leonard and
Jon D. Leonard, to me known to be the persons described in and who
executed the forgoing Articles of Incorporation and that they
acknowledged before me that they executed the same. I relied upon the
following form of identification of the above name persons:

X who are personally known to me,
who produced _____ as
identification.

WITNESS my hand and official seal in the County and State last
aforesaid this 26th day of NOVEMBER, 2002


Signature



DOYAL W. RABURN
MY COMMISSION # DD 112078
EXPIRES: July 28, 2006
Bonded Thru Budget Notary Services

DOYAL W. RABURN
Printed name

Notary Public-State of Florida

Commission No. DD 112078

My Commission Expires:

7/28/06

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

FILED
2002 DEC 12 AM 9 50

T-Square Enterprises, Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

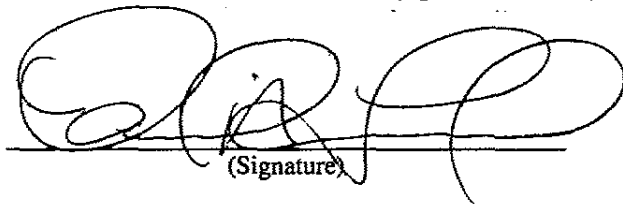
at 4920 Jim Davis Road

Parrish, Florida 34219

has named David N. Leonard

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)

Nov 26, 2002
(Date)