

PO30000000109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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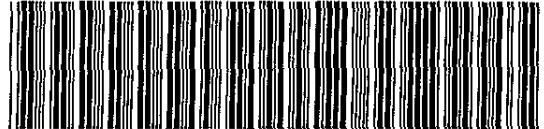
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: TRANSFOAM INC

(Proposed corporate name - must include suffix)

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

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

LESLIE L. TOTTEN

Name (Printed or typed)

2805 TAMIAMI TRAIL

Address

PUNTA GORDA, FL 33950

City, State & Zip

941-639-0680

Daytime Telephone Number

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

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:

TRANSFOAM INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**4102 S SAN MATEO DR.
NORTH PORT, FL 34286**

ARTICLE III SHARES

The number of shares of stock is:

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

**LESLIE TOTTEN
2805 TAMiami TRAIL
PUNTA GORDA, FL 33950**

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

**KURT E. HALLENBORG
4102 S SAN MATEO DR.
NORTH PORT, FL 34286**

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

Leslie D. Totten

Signature/Registered Agent

12-20-02

Date

Kurt E. Hallenberg

Signature/Incorporator

12-20-02

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA