

PO30000 5717 6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

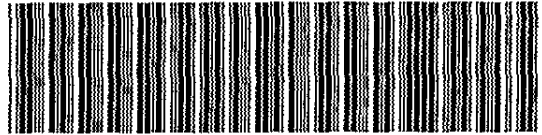
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 MAY 16 AM 9:34

FILED

MAY 23 2003

## TRANSMITTAL LETTER

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

SUBJECT: Tampa Bay Torque Converter, Corp.  
(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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Larry StAmant  
Name (Printed or typed)

830 SE 9th St.  
Address

Cape Coral, FL 33990  
City, State & Zip

239-458-1141  
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:

Tampa Bay Torque Converter, Corp

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

830 SE 9th Street  
Cape Coral, FL 33990

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Transportation + warehousing

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Larry St.Amand - President  
830 SE 9th Street  
Cape Coral, FL 33990

**ARTICLE VI REGISTERED AGENT**

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

Larry St.Amand  
830 SE 9th Street  
Cape Coral, FL 33990

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

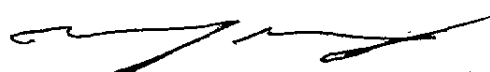
Larry St.Amand  
830 SE 9th Street  
Cape Coral, FL 33990

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

5-5-03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

5-5-03  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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