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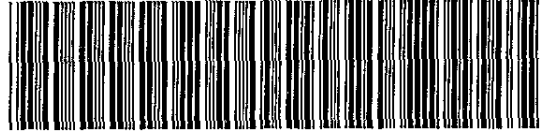
(Business Entity Name)

(Document Number)

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10/06/03--01079--004 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 OCT 23 PM 12:52

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403-29052

TRANSMITTAL LETTER

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

**SUBJECT: THOMAS INVESTMENT INCORPORATION
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX).**

Enclose is an original and one (1) copy of the articles of incorporation and a check for :

<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	\$78.75 Filling Fee & Certified Copy
<input type="checkbox"/>	\$ 70.00	Filling Fee .	<input type="checkbox"/>	\$87.50 Filling Fee , Certified Coy & Certified of Status.
<input checked="" type="checkbox"/>	\$ 78.75	Filling Fee & Certificate of Status.		

From : TOMAS DEL CORRAL
Name (printed of Type)

2719 LEON RD
Address

JACKSONVILLE FL 32246
City, State & Zip Code.

(904) 821-0542.
Telephone Number,

NOTE: Please provide the original one copy of the Articles.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 8, 2003

TOMAS DEL CORRAL
2719 LEON RD
JACKSONVILLE, FL 32246

SUBJECT: THOMAS INVESTMENT INCORPORATION
Ref. Number: W03000029058

10/23

We have received your document for THOMAS INVESTMENT INCORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist
New Filings Section

Letter Number: 003A00055140

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S.(Profit)

ARTICLES I NAME

The name of the corporation shall be:

"TOM & FAMILY INVESTMENT INC ".

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2719 LEON RD
JACKSONVILLE, FL. 32246

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any transact or lawful activities permitted under laws of the United States and Florida State.

ARTICLES IV SHARES

The number of shares of stock is:

One thousand Shares of common stock at non par value.

ARTICLES V INITIAL OFFICER/ DIRECTORS (Optional)

The name(s) and Address(es):

TOMAS DEL CORRAL	President	2719 LEON RD . JACKSONVILLE, FL. 32246.
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AIDA DEL CORRAL	Vice- President	2719 LEON RD . JACKSONVILLE, FL. 32246
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ARTICLES VI REGISTERED AGENT

The **name and address** of the registered Agent is:.

TOMAS DEL CORRAL
2719 LEON RD .
JACKSONVILLE. FL .32246

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SEAL, DEPT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

**THOMAS DEL CORRAL
2719 LEON RD
JACKSONVILLE, FL. 32246**

Having been named agent to accept services of process for the above stated corporation at the place designate in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

X 

Signature/Registered Agent

10-1-03

Date

X 

Signature/Incorporator

10-1-03

Date

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TALLAHASSEE, FLORIDA