P03000136845

(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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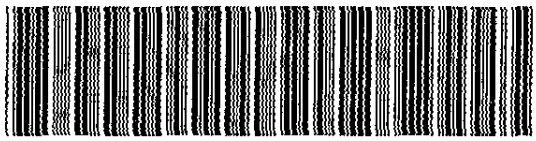

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FILED
03 NOV 14 PM 6:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.H. 11/20

TRANSMITTAL LETTER

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

SUBJECT: TC TRIM, INC.
(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: Trinidee M. Clark
Name (Printed or typed)

4150 Lake Ned Circle
Address

Winter Haven, FL 33884
City, State & Zip

(863) 318-1261
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)

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03 NOV 14 PM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

TC TRIM, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4150 Lake Ned Circle
Winter Haven, FL 33884

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To install wood work or finish carpentry in residential buildings.

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Trinidee M. Clark - President/Director
4150 Lake Ned Circle
Winter Haven, FL 33884

ARTICLE VI REGISTERED AGENT

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

Trinidee M. Clark
4150 Lake Ned Circle
Winter Haven, FL 33884

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Trinidee M. Clark
4150 Lake Ned Circle
Winter Haven, FL 33884

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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 — Date: 11th 11-7-03

Signature/Incorporator — Date: 11-7-03

STATE OF FLORIDA
COUNTY OF POLK
SUBSCRIBED AND SWORN TO BEFORE ME
THIS 11th DAY OF Nov. 2003

NOTARY PUBLIC
MY COMMISSION EXPIRES: May 1, 2007

ALEX ILIFF
MY COMMISSION # DD 208504
EXPIRES: May 1, 2007
Bonded Thru Notary Public Underwriters