

P04000025987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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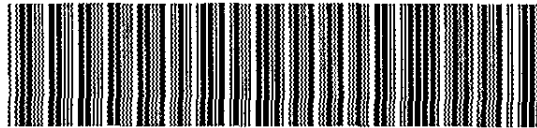
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

2/10/04

TRANSMITTAL LETTER

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

SUBJECT: Thomas James McMichael Floor Covering 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: Thomas James McMichael
Name (Printed or typed)

8529 Grave Ave
Address

New Port Richey FL 34654
City, State & Zip

(727) 457-0177
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Thomas McMichael Floor Covering Inc.
8529 Grave Ave. New Port Richey Fl. 34654.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8529 Grave Ave. New Port Richey Fl. 34654

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Floor Covering Installation

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Thomas James McMichael
8529 Grave Ave, New Port Richey Fl. 34654.

ARTICLE VI REGISTERED AGENT

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

Thomas James McMichael
8529 Grave Ave, N P R Fl. 34654

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas James McMichael
8529 Grave Ave, N P R Fl. 34654

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

Tom McMichael
Signature/Registered Agent

1/30/04
Date

Tom McMichael
Signature/Incorporator

1/30/04.
Date