

P04000039061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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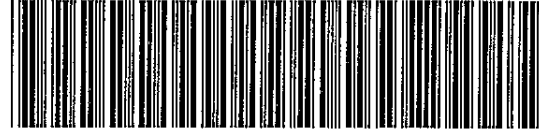
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

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

SUBJECT: Thorpe Services, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                            & Certificate of  
                            Status

**ADDITIONAL COPY REQUIRED**

FROM: Michael S. Thorpe  
Name (Printed or typed)

8914 North Rome Avenue  
Address

Tampa, FL 33604  
City, State & Zip

(813) 930-2151  
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:

Thorpe Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

8914 North Rome Avenue  
Tampa, FL 33604**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is:

5,000

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

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

Michael S. Thorpe - President/Secretary/Treasurer  
8914 North Rome Avenue  
Tampa, FL 33604**ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:Michael S. Thorpe  
8914 North Rome Avenue  
Tampa, FL 33604**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Michael S. Thorpe  
8914 North Rome Avenue  
Tampa, FL 33604

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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

*Michael S. Thorpe*

Signature/Registered Agent

*2/30/04*

Date

*Michael S. Thorpe*

Signature/Incorporator

*2/30/04*

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA