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(Re	equestor's Name)	
(Ac	idress)	· -
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
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Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT: TRA	VIS THORNTON INC		
	(PROPOSED CORPORA	And Name — Must incl	UDERURAX)
Enclosed are an original	rinal and one (1) copy of the art	ticles of incorporation and	l a check for:
\$70.00	☑ \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM: T	RAVIS THORNTON		
	Nam	e (Printed or typed)	
	3904 BROAD ST-PO BO	X 27	
	· · · · · · · · · · · · · · · · · · ·	Address	
	MANGO FL 33550		
	City	, State & Zip	
	813-220-4372		
	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: TRAVIS THORNTON INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3904 BROAD ST MANGO FL 33550/PO BOX 27 MANGO FL 33550

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY LAWFUL ACTIVITY FOR WHICH CORPORATIONS MAY BE FORMED UNDER THE
LAWS OF THE STATE OF FLORIDA

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):
TRAVIS THORNTON 3904 BROAD STREET-PO BOX 27 MANGO FL 33550 PRESIDENT
DANA THORNTON 3904 BROAD STREET-PO BOX 27 MANGO FL 33550 VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:
TRAVIS THORNTON 3904 BROAD STREET -PO BOX 27 MANGO FL 33550

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TRAVIS THORNTON 3904 BROAD STREET-PO BOX 27 MANGO FL 33550

SECRETARY OF STATE
TALL MIASSEE, FLORDA

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

Signature/Incorporator

,

Date