

PO4000076936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

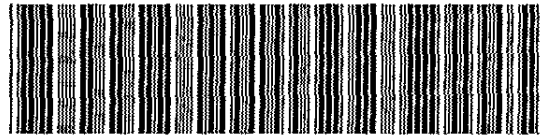
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 11 AM 9:02

## TRANSMITTAL LETTER

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

SUBJECT: TOWNSEND ASSOCIATES, INC.  
(Proposed corporate name - must include suffix)

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

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Douglas L. Comet  
Name (Printed or Typed)

30222 Emmetts Ct.  
Address

Wesley Chapel, FL 33543  
City, State & Zip

(813) 503-7085  
Daytime Telephone Number

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NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be: **Townsend Associates, Inc.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: **P.O. Box 89245  
Tampa, FL 33689**

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **10,000**


### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: **Tom L. Townsend  
1330 Puerto Dr.  
Apollo Beach, FL 33572**

### ARTICLE V INCORPORATOR

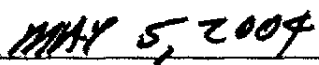
The name and address of the incorporator to these Articles of Incorporation are: **Tom L. Townsend  
1330 Puerto Dr.  
Apollo Beach, FL 33572**

  
Signature/Incorporator

  
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Signature/Registered Agent

  
Date

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