

P04000095885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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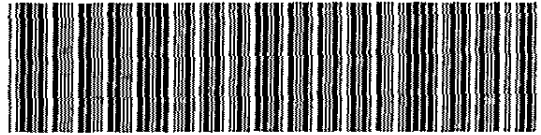
(Business Entity Name)

(Document Number)

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6-23

TRANSMITTAL LETTER

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

SUBJECT: TIMOTHY TURSCAR PA
(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: TIMOTHY TURSCAR
Name (Printed or typed)

P.O. Box 881568
Address

PORT ST. LUCIE FL 34988-1568
City, State & Zip

772 343-8228
Daytime Telephone number

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

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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: **TIMOTHY TURSCAK PA**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **P.O. Box 881568
Port St. Lucie, FL 34988-1568**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **REAL ESTATE**

ARTICLE IV SHARES

The number of shares of stock is: **1,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
**TIMOTHY TURSCAK
P.O. Box 881568
PORT ST. LUCIE, FL 34988-1568**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: **TIMOTHY TURSCAK
4531 NW ALSACE AVE.
PORT ST. LUCIE, FL 34988**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: **TIMOTHY TURSCAK
4531 N.W. ALSACE AVE
PORT ST. LUCIE, FL 34988**

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

 **TIMOTHY TURSCAK**

6/15/04