Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000146650 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

THOMAS J. LYNCH, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 19, 2004

FAS-T CORP. AGENTS, INC.

SUBJECT: THOMAS J. LYNCE, INC.

REF: W04000027161

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

If you have any further questions concerning your document, please call (850) 245-6972.

Doris Brown Document Specialist New Filings Section FAX Aud. #: E04000146650 Letter Number: 704A00045246

ARTICLES OF INCORPORATION OF

Thomas J. Lynch, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Thomas J. Lynch, Inc.

The principal place of business of this corporation shall be:

2223 SE 25th Ave Homestead, FL 33035

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

CIVISION OF CORPORATION

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

1000 shares \$1.00 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address (cs) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected is (are):

Thomas J. Lynch 2223 SE 25th Avenue Homestead, FL 33035

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(cs) of the incorporator(s) to these articles of incorporation is (are):

Thomas J. Lynch 2223 SE 25th Avenue Homestead, FL 33035

IN WIT	NESS	WHERE	OF, the undersign	ed inco	porator(s)	has (have)
			of Incorporation t			
<u>July</u>		<u>,</u> 2004.	-	•		

Signature (S) of Incorporator(s)

· #04000146650 3

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

. The name of the cor	poration:	
	Thomas I. Lynch, Inc.	
2. The name and addr	ess of the registered agent and office is:	~ · · · · _{- ·}
Thomas J. Lynch	2223 SE 25th Avenue	
	(P.O. BOX NOT ACCEPTABLE)	
	Homestead, FL 33035	
	(CITY/STATE/ZIP)	
	SIGNATURE	TILL
	TITLE	DEFICE
	DATE	7/15/04

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY A GREE TO ACT IN THIS CAPACITY, AND I FURTHER A GREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE