## 705000000737

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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ELASTABY OF STATE CLASTASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Thomas Place CONSTRUCTION TIVE (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 of Status

**E** \$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

homas Bloom
Name (Printed or typed)

3196 Audra Road

ST. Augustine Flagget

(904) 824-9924 Daytime Telephone number 05 JAN -3 PM 3: 03

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) NAME ARTICLE I The name of the corporation shall be: Thomas Bloom CONSTRUCTION, INC. PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: 3196 AUDRAROAD . Augustine, Fl. 32084 The purpose for which the corporation is organized is: Building CONTRACTOR SHARES ARTICLE IV The number of shares of stock is: 100 ShARES INITIAL OFFICERS/DIRECTORS (optional) ARTICLE V The name(s), address(es) and title(s): of the registered agent is: The name and address of the Incorporator is: 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

gnature/Incorporator