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05 JAN -7 PM 3:03

## TRANSMITTAL LETTER

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

**SUBJECT:** Thunder Bay Stucco, Incorporated

**(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee.  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Michael Cliston Graves

\_\_\_\_\_  
Name (Printed or typed)

5108 Arbor Pointe Circle

\_\_\_\_\_  
Address

Tampa, FL 33617

\_\_\_\_\_  
City, State & Zip

813-984-9479

\_\_\_\_\_  
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)

SECRET  
DIVISION  
05 JAN -7 PH 3: 03

**ARTICLE I NAME**

The name of the corporation shall be:

Thunder Bay Stucco , Incorporated

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

5108 Arbor Pointe Circle Tampa, Fla 33617

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Stucco Residential & Commercial Projects

**ARTICLE IV SHARES**

The number of shares of stock is:

200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Michael Cliston Graves 5108 Arbor Pointe Circle Tampa , FI 33617 President

Ryan Tomchay 2424 Earlswood Court Brandon, FI 33510 Vice President

Robert Lofley 3102 Blount Road Dover, FI 33527 Vice President

Candace Lofley 3102 Blount Road Dover, FI 33527 CFO

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Michael Cliston Graves 5108 Arbor Pointe Circle Tampa, FI 33617

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Michael Cliston Graves 5108 Arbor Pointe Circle Tampa, FI 33617

\*\*\*\*\*

*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

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date