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. PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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TRANSMITTAL LETTER

Department of State Division of Corporations				
P. O. Box 6327		·	· - <u></u>	
Tallahassee, FL 32314				
SUBJECT: TJB DISTRI (PROPOSED	<i>(SUTO)</i> CORPORA	25 /WC; te name <u>must inclu</u>	DE SUFFIX)	
Enclosed are an original and one (1) cop	y of the arti	cles of incorporation and	a check for:	
S70.00 S78.75 Filing Fee Filing Fee & Certificate of S	Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
		Bowers (Printed or typed)	· · · · · · · · · · · · · · · · · · ·	
14744 Country Lane				
City, State & Zip				
561 441 4259 Daytime Telephone number				

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



RECEIVED

FLORIDA DEPARTMENT OF STATE 05 JUN -8 AM 10: 36
Glenda E. Hood

Glenda E. Hood Secretary of State

TALLAMASSE - LORING

May 16, 2005

THOMAS J. BOWERS 14749 COUNTRY LANE DELRAY BCH, FL 33484

SUBJECT: TB DISTRIBUTORS INC. Ref. Number, W05000024654)

We have received your document for TB DISTRIBUTORS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham Document Specialist New Filings Section

Letter Number: 305A00035075

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621. E.S. (Profit)	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME ARTICLE 1	betors Inc.
The name of the corporation shall be:	o en managementa que en en en en esta que en entre en en
ARTICLE II PRINCIPAL OFFICE	ne me
The principal place of business/mailing address is:	
The principal place of business/mailing address is: 14749 COUNTRY LANE DECRAY & ARTICLE III PURPOSE	Pch. F/ 33000
ARTICLE III PURPOSE	309
The purpose for which the corporation is organized is:	
PRESSURE CLEANING WORK	
ARTICLE IV SHARES	
The number of shares of stock is:	
20 SHARES	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
PRESIDENT-Thomas J BOWERS	
14749 COUNTRY LANE DEL	RAY Bch, Fl 334
ARTICLE VI REGISTERED AGENT	managaranan aras aya aya aya aya aya aya aya aya aya a
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the re	egistered agent is:
MARY BOWERS	
14749 COUNTRY LANE DECRAY!	Boh Fy 33484
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	ريورون يو منصد في المنصد والمساومات
Thomas J BOWERS 14799 COONTRY LAWE DELRAY ***********************************	
**************************************	BU F1 33484
Having been named as registered agent to accept service of process for the above stated ceffficate, I am familiar with and accept the appointment as registered agent and agree to	corporation at the place designated in this
My C Bower	5/14/05
Signature/Registered Agent	Date
The / Farm	5/14/05
Signature/Incorporator	' Date