

PD5600090742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

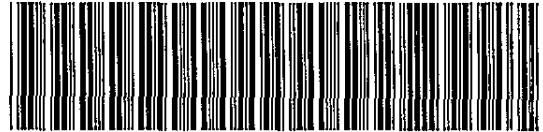
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700056291607

06/23/05--01034--002 **70.00

FILED

05 JUN 24 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/27/05 ✓

Sherrill L. Hooks
414 Hiawatha Way
Melbourne Beach, Fl 32951

June 22, 2005

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

To Whom It May Concern:

Enclosed please find required paperwork and prepaid return envelope.
Please reply using the Self-addressed, Prepaid DHL envelope. To
Schedule pick-up, dial 1-800-225-5345.

Thank you,

Sherrill L. Hooks

Cc:file/pam

TRANSMITTAL LETTER

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

SUBJECT: TRUSS ALIGNMENT SYSTEMS, INC.
(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

☐ \$78.75
Filing Fee
& Certified Copy

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

FROM SHERRILL HOOKS
Name (Printed or Typed)

414 HIAWATHA WAY
Address

MELBOURNE BEACH, FL 32951
City, State & Zip

(321) 432-1079
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

TRUSS ALIGNMENT SYSTEMS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

BUSINESS & MAILING ADDRESS:

414 HIAWATHA WAY
MELBOURNE BEACH, FL 32951

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at one time is:

25,000 SHARES COMMON VOTING

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the registered agent is:

SHERRILL HOOKS
414 HIAWATHA WAY
MELBOURNE BEACH, FL 32951

FILED
05 JUN 24 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$ 70.00

ARTICLE V
INCORPORATOR(S)
See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SHERRILL HOOKS
414 HIAWATHA WAY
MELBOURNE BEACH, FL 32951

KATHLEEN E. PARSONS
414 HIAWATHA WAY
MELBOURNE BEACH, FL 32951

ARTICLE VI
INITIAL OFFICER(S)/DIRECTOR(S)

P T
SHERRILL HOOKS
414 HIAWATHA WAY
MELBOURNE BEACH, FL 32951

VP S
KATHLEEN E. PARSONS
414 HIAWATHA WAY
MELBOURNE BEACH, FL 32951

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 21st day of JUNE, 2005.


Signature


Signature

Signature

NOTE: *Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.*

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

1. The name of the corporation is: TRUSS ALIGNMENT SYSTEMS, INC.
(must include suffix)

2. The name and address of the registered agent and office is:

SHERRILL HOOKS

(Name)

414 HIAWATHA WAY

(P.O. Box or Mail Drop Box NOT Acceptable)

MELBOURNE BEACH, FL 32951

(City/State/Zip)

FILED
05 JUN 24 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Sherrill L Hooks

(Signature)

6-21-05

(Date)