

PD5000134690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

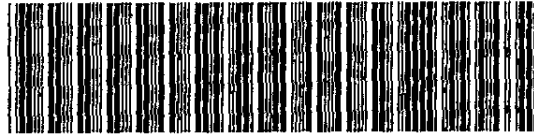
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓
10/3/05 BWK

TRANSMITTAL LETTER

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

SUBJECT: TRACIE L. THOMPSON, INC.
(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: TRACIE L. THOMPSON
Name (Printed or typed)

18120 OLD BAYSHORE ROAD
Address

NORTH FORT MYERS, FL 33917
City, State & Zip

(239) 980-5306 OR 543-4131
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)

ARTICLE I NAME

The name of the corporation shall be: TRACIE L. THOMPSON INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

18120 OLD BAYSHORE ROAD
NORTH FORT MYERS FL 33917

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CREATION OF FINE ART AND CUSTOM MURALS FOR PROFIT

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TRACIE THOMPSON, OWNER
18120 OLD BAYSHORE ROAD
NORTH FORT MYERS FL 33917

ARTICLE VI REGISTERED AGENT

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

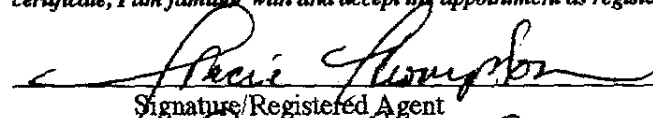
TRACIE THOMPSON
18120 OLD BAYSHORE ROAD
NORTH FORT MYERS FL 33917

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TRACIE THOMPSON
18120 OLD BAYSHORE ROAD
NORTH FORT MYERS FL 33917

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

9/28/05

Date



Signature/Incorporator

9/28/05

Date

FILED
05 OCT -3 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA