

P05000 145432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

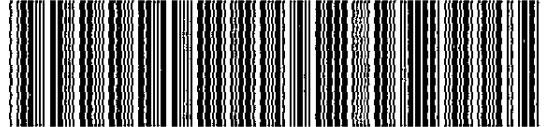
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05 OCT 26 PM 12:02

CLERK OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

05 OCT 19 AM 11:37

DIVISION OF REGISTRATION

10/20/05

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- XYZ MANAGEMENT OF FLORIDA, INC.

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

October 20, 2005

ATTORNEYS' TITLE

SUBJECT: XYZ MANAGEMENT OF FLORIDA, INC.  
Ref. Number: W05000048115

We have received your document for XYZ MANAGEMENT OF FLORIDA, INC.. However, the document has not been filed and is being returned for the following:

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.**

The document number of the name conflict is P04000076912 - XYZ MANAGEMENT, INC..

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) 245-6934.

Loria Poole  
Document Specialist  
New Filings Section

Letter Number: 105A00064005

**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:

TLO Management of Volusia, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

101 E. Yelkca Terrace, Suite F  
Edgewater, FL 32132

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE IV SHARES**

The number of shares of stock is:

7500 @ \$1.00

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

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

Timothy L. Oliver, Director, President, Secretary, Treasurer  
101 E. Yelkca Terrace, Suite F  
Edgewater, FL 32132

**ARTICLE VI REGISTERED AGENT**

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

James G. Hahl  
114 S. Palmetto Avenue  
Daytona Beach, FL 32114

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

James G. Hahl  
114 S. Palmetto Avenue  
Daytona Beach, FL 32114

\*\*\*\*\*

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

10/21/05  
\_\_\_\_\_  
Date

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

10/21/05  
\_\_\_\_\_  
Date

FILED  
05 OCT 26 PM 12:02  
CLERK OF STATE  
TALLAHASSEE, FLORIDA