# P0600013821

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	#)
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
	Office Use Onl	iy



01/26/06--01022--016 \*\*78.75



# **COVER LETTER**

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

# SUBJECT: TAMPA LUMBER SERVICES, IN C. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

STO.00 Filing Fee

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ST8.75 Filing Fee & Certificate of Status

<b>\$78.75</b>	<b>\$87.50</b>
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	DPY REQUIRED

1

FROM:	WILLIAM JYHAS Name (Printed or typed)	
	Name (Printed or typed)	
	6900 ADAMO DR.	
	Address	
	City, State & Zip	
	City, State & Zip	
	813-630-9863	
	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:

FILED

# TAMPA LUMBER SERVICES, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6900 ADAMO DR.

TAMPA, FL 33619

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION

#### ARTICLE IV SHARES

The number of shares of stock is:

100

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

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

WILLIAM JUHAS 6900 ADAMO OR. TAMPA, FL 33619 PRESIDENT

# ARTICLE VI REGISTERED AGENT

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

WILLIAM JUHAS 6900 ADAMODR. TAMPA, FL 33619

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM JUHAS 6900 ADAMO DR. TAMPA. FL 33619

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 ·-m Signature/Incorporator

Date 1-2-3-06

05 JAN 26 PM 1:43

SECRETARY OF STATE TALLAHASSEE, FLORIDA