

**P06000147495**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

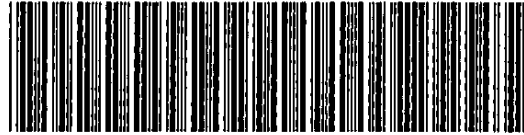
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200080286962

11/15/06--01013--009 \*\*78.75

2006 NOV 27 A 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

90-68-11  
58-05-11  
10/20/06

## COVER LETTER

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

**SUBJECT:** Treasure Coast Computers 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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM:** Gerald Lyman

Name (Printed or typed)

6196 NW Gatun Dr

Address

Port Saint Lucie, FL 34986

City, State & Zip

772-873-8500

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:

Treasure Coast Computers Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6196 NW Gatun Dr, Port Saint Lucie, FL 34986

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Computer services to include building, repair and training

### **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):

Gerald Lyman, 6196 NW Gatun Dr, Port Saint Lucie, FL 34986

### **ARTICLE VI REGISTERED AGENT**

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

Gerald Lyman, 6196 NW Gatun Dr, Port Saint Lucie, FL 34986

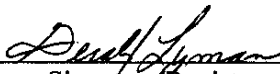
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

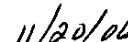
Gerald Lyman, 6196 NW Gatun Dr, Port Saint Lucie, FL 34986

\*\*\*\*\*

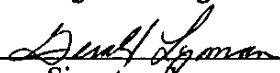
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature Registered Agent



Date



Signature Incorporator



Date

FILED  
2006 NOV 27 A 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA