

PO7000003418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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07 JAN -8 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE JAN -9 2007

COVER LETTER

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

SUBJECT: TRAVIS WINESETT CABLE INCORPORATED
(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: TRAVIS WINESETT

Name (Printed or typed)

4334 KNOLLWOOD DRIVE

Address

PUNTA GORDA, FLORIDA 33982

City, State & Zip

941-204-5200

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:

TRAVIS WINESETT CABLE INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4334 KNOLLWOOD DRIVE
PUNTA GORDA, FLORIDA 33982

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CABLE CONTRACTING

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):

TRAVIS WINESETT (PRESIDENT)
4334 KNOLLWOOD DRIVE
PUNTA GORDA, FLORIDA 33982

ARTICLE VI REGISTERED AGENT

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

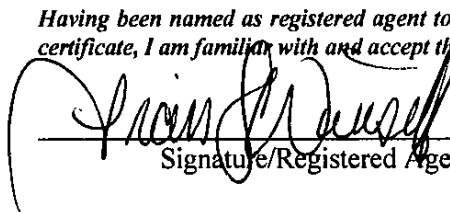
TRAVIS WINESETT (PRESIDENT)
4334 KNOLLWOOD DRIVE
PUNTA GORDA, FLORIDA 33982

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TRAVIS WINESETT (PRESIDENT)
4334 KNOLLWOOD DRIVE
PUNTA GORDA, FLORIDA 33982

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/Incorporator

1/04/2007

Date

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA