707000029658

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
•	,	•
(Dr	ocument Number)	
(50	outhorie riainsor,	
Certified Copies	Certificates	of Status
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Special Instructions to Filing Officer:		





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02/26/07--01020--005 **78.75

RETARY OF STATE AHASSEE, FLORIDA OTHER-7 PH INT

1787-9769

COVER LETTER

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

SUBJECT: TBS, Inc	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
S70.00 [\$78.75] Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
	L
FROM: Domanic L	ucarelli (Printed or typed)
351 Airpo	Nt. RO. W. Address
Naples, Fl	34104 State & Zip
239-775 Daytime 1	5-8889 Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 26, 2007

DOMENIC LUCARELLI 351 AIRPORT RD N NAPLES, FL 34104

SUBJECT: TBS, INC.

Ref. Number: W07000009769

We have received your document for TBS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

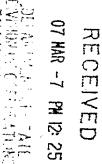
Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6879.

Ruby Dunlap Regulatory Specialist New Filing Section

Letter Number: 607A00013895



In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
The name of the compantion shall be	
The name of the corporation shall be:	07 MAR -7 PM 4:40
Syrett, Inc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	A PLORIDA
The principal place of business/mailing address is: 3737 S.W. Santa Barbara Place	
Cape Coral, Florida 33914	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Maintenance work	
ARTICLE IV SHARES	
The number of shares of stock is:	•
100 (one hundred)	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	-
Todd Boudoin Syrett, President	
3737 S.W. Santa Barbara Place	
Cape Coral, FL 33914	
•	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the regi	stered agent is:
Domenic Lucarelli	Both of about 101
351 Airport Rd. N.	
Naples, PL 34104 ARTICLE VII INCORPORATOR	•
The <u>name and address</u> of the Incorporator is:	
Todd Bowdoin Syrett 3737 S.W. Santa Barbara Place	
Cape Coral, FL 33914	
********************	*********
Having been named as registered agent to accept service of process for the above stated co- certificate. I am familiar with and accept the appointment as registered agent and agree to ac	orporation at the paice designated in this ct in this capacity
Donenia Lucaselli	7/22/20
Signature Registered Agent	Date ,
Told Rhenil	2/22/07
Signature/Incorporator	Date