P07000103043

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cir	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL.	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



100109449311

09/17/07--01025--021 **87.50

07 SEP 17 AM 9: 42
SECRETARY OF STATE
AND A HASSEE FLORID



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

SUBJECT: Thomas W MORAN TWC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: T	homas w Mora	4 N T.M.C.	

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: Thomas w moran Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5375 35 ⁺⁴ TERR N ST PETE 33710	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: CONSTRUCTION	O:
ARTICLE IV SHARES The number of shares of stock is: CO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Thomas Moran 5375 35 TERR N ST. PETE FL 33710	7 SEP 17 AM 9: 42 GRETARY OF STATE LI AHASSEE, FLORIDA
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: ### TERR N ST. PETE FL 33710	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Having been named as registered agent to accept service of process for the above stated corporation at the place certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Morror 8/3/6 Signature/Registered Agent Date	********* e designated in this

Thomas Moran Signature/Incorporator