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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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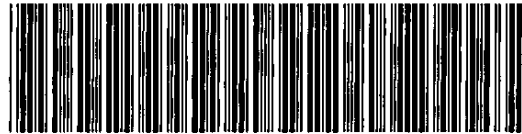
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 OCT -8 PM 1:52

APPROVED
AND
FILED

B. McKnight OCT 09 2007

COVER LETTER

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

SUBJECT: Tommy J. Spence 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: Tommy J. Spence
Name (Printed or typed)

2190 Fairway Villas Ln. S.
Address

Atlantic Beach, FL 32233
City, State & Zip

(904) 451-5317
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:

Tommy J. Spence Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2190 Fairway Villas Ln. S. Atlantic Beach, FL 32233

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Management Consulting

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):

Tommy J. Spence

2190 Fairway Villas Ln. S.

Atlantic Beach, FL

32233

President

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AND
FILED
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TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

Tommy J. Spence
2140 Fairway Villas Ln. S.
Atlantic Beach FL.
32233

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tommy J. Spence
2140 Fairway Villas Ln. S.
Atlantic Beach FL.
32233

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

TS
Signature/Registered Agent

10-02-07

Date

TS
Signature/Incorporator

10-02-07

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED