

PO700011545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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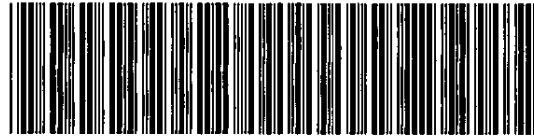
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/09/07--01006--005 **78.75

FILED

07 OCT -9 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

10/10/07

COVER LETTER

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

SUBJECT: TRACER INVESTIGATIVE SERVICES, 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: JOSEPH P. FIGUEREDO III
Name (Printed or typed)

3626 S. OMAR AVE
Address

TAMPA, FL 33629
City, State & Zip

813-841-3604
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:

TRACER INVESTIGATIVE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1177 W. CASS ST.
TAMPA, FL 33606

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PRIVATE INVESTIGATIONS

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):

JOSEPH P. FIGUEREDO III
3626 S. OMAR AVE.
TAMPA, FL 33629
PRESIDENT

ARTICLE VI REGISTERED AGENT

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


JOSEPH P. FIGUEREDO III
3626 S. OMAR AVE.
TAMPA, FL 33629

ARTICLE VII INCORPORATOR

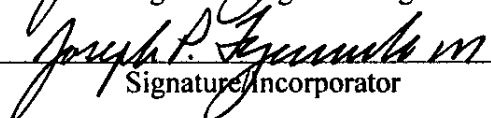
The name and address of the Incorporator is:

JOSEPH P. FIGUEREDO III
3626 S. OMAR AVE.
TAMPA, FL 33629

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

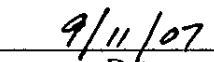


Signature/Registered Agent

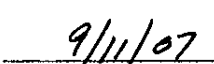


Signature/Incorporator

FILED
07 OCT -9 PM 4: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date