

PO 60000000263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

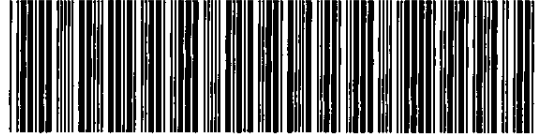
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008 JAN -2 P 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50-2-1

TRANSMITTAL LETTER

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

SUBJECT: THOMAS L. GUY, P.E., INC.
(Proposed corporate name - must include suffix)

Enclosed is 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: THOMAS L. GUY
Name (Printed or typed)

6260 60th AVENUE NORTH
Address

ST. PETERSBURG, FL 33709
City, State & Zip

727-424-6453
Daytime Telephone number

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

ARTICLES OF INCORPORATION

ARTICLE I: THE NAME OF THE CORPORATION SHALL BE THOMAS L. GUY,
P.E.

ARTICLE II: THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS
6260 60th AVENUE NORTH, ST. PETERSBURG, FL 33709.

ARTICLE III: THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED
IS TO DO ENGINEERING CONSULTATION.

ARTICLE IV: THE NUMBER OF SHARES OF STOCK IS AUTHORIZED 1,000,
INITIALLY ISSUED 100.

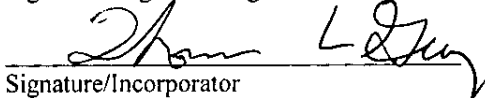
ARTICLE V: THE NAME, ADDRESS AND TITLE OF THE OFFICER AND
DIRECTOR IS THOMAS L. GUY, PRESIDENT, 6260 60th AVENUE NORTH,
ST. PETERSBURG, FL 33709.

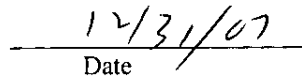
ARTICLE VI: THE NAME AND FLORIDA STREET ADDRESS OF THE
REGISTERED AGENT IS THOMAS L GUY, 6260 60th AVENUE NORTH,
ST. PETERSBURG, FL 33709.

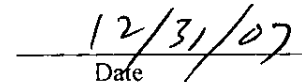
ARTICLE VII: THE NAME AND ADDRESS OF THE INCORPORATOR IS
THOMAS L. GUY, 6260 60th AVENUE NORTH, ST. PETERSBURG, FL
33709..

Having been named as registered agent to accept service of process for the above stated
Corporation at the place designated in the certificate, I am familiar with and accept the
Appointment as registered agent and agree to act in this capacity.


Signature/Registered Agent


Signature/Incorporator


Date


Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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