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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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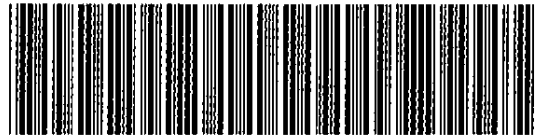
(Business Entity Name)

(Document Number)

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09 FEB 17 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: TIE-D Restoration 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: Michael A Shotts

Name (Printed or typed)

3035 Sable Bend Dr

Address

Winter Haven, FL 33881-5108

City, State & Zip

Daytime Telephone number

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

APPROVED
AND
FILED

ARTICLES OF INCORPORATION 09 FEB 17 PM 2:32
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TIE-D Restoration Inc.

THE UNDERSIGNED, being over the age of eighteen years, in order to form a corporation pursuant to the provisions of the Corporate Code, hereby certifies as follows:

Article I
Identification

The name of the corporation, hereinafter referred to as the "Corporation," is TIE-D Restoration Inc.

Article II
Principal Office

The principal place of business is 3035 Sable Bend Dr, Winter Haven, FL 33881-5108. The mailing address of the principal office is 3035 Sable Bend Dr, Winter Haven, FL 33881-5108.

Article III
Purpose

The purpose of the Corporation is to engage in any or all lawful business for which corporations may be organized under the provisions of the General Corporation Law of Florida.

Article IV
Shares

The total authorized capital stock of the Corporation is 100 shares having a Par Value of \$1.00. All or any part of said shares may be issued by the Corporation from time to time and for such consideration as may be determined upon or fixed by the Board of Directors, as provided by law.

Article V
Initial Officers and/or Directors

The name and post office address of the initial Officer(s) and initial Director(s) of the Corporation is as follows:

President:
Michael A. Shotts
3035 Sable Bend Dr
Winter Haven, FL 33881-5108

Director:
Sandra Marie Bliss-Coyne
3035 Sable Bend Dr.
Winter Haven, FL 3881-5108

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AND
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Article VI
Registered Office and Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The address of the initial registered office of the Corporation is 3035 Sable Bend Dr, Winter Haven, FL 33881-5108 and the name and address of the initial registered agent therein and in charge thereof, upon whom process against the Corporation may be served, is Michael A. Shotts, 3035 Sable Bend Dr, Winter Haven, FL 33881-5108.

Article VI
Incorporator's Address

The name and post office address of the Incorporator(s) of the Corporation is Michael A. Shotts, 3035 Sable Bend Dr, Winter Haven, FL 33881-5108 .

The effective date of this Article of Incorporation shall be Feb 10, 2008.

IN WITNESS WHEREOF, the undersigned Incorporator(s) has caused this Article of Incorporation to be executed as of Feb 10, 2008.

Michael A. Shotts
Incorporator
David H. Bess
Incorporator

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept services of process for the above stated corporation at the place designated in this article, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Michael A. Shotts
Signature/Registered Agent

2/10/08
Date

STATE OF FLORIDA)
COUNTY OF POLK)

The forgoing Articles of Incorporation were acknowledged before me, this 10 day of Feb, 2008.

Carol D. Lamons
NOTARY PUBLIC State of Florida

My Commission Expires:

