

P09000079396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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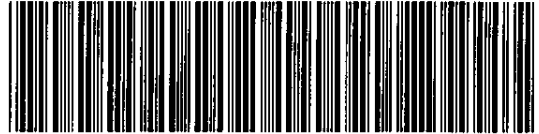
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/14/09--01019--007 **78.75

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2009 SEP 22 P 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 24 2009
D.A. WHITE

COVER LETTER

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

SUBJECT: TRIAD 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: TRINA JONES
Name (Printed or typed)

1628 Copperfield Cir.
Address

Tallahassee, FL 32312
City, State & Zip

850-668-0682
Daytime Telephone number

chipandtrina@embargo.com ✓
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2009

TRINA JONES
1628 COPPERFIELD CIR
TALLAHASSEE, FL 32312

SUBJECT: TRIAD INCORPORATED
Ref. Number: W09000041788

We have received your document for TRIAD INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Regulatory Specialist II
New Filing Section

Letter Number: 509A00030660

RECEIVED
09 SEP 22 PM 2:18
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

"Talquin Services Incorporated"

FILED

2009 SEP 22 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1628 Copperfield Circle, Tallahassee, Fl. 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A New business - Sales and Service

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):

Hammond Jones III - 1628 Copperfield Cir. TLH. Fl. 32312 - Director

Marc Arguin - 9012 Broken Lance Dr. TLH. Fl. 32312 - Director

Trina Jones - 1628 Copperfield Cir. TLH. Fl. 32312 - Secretary

ARTICLE VI REGISTERED AGENT

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

Hammond Jones III
1628 Copperfield Cir.
Tallahassee, Fl. 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Hammond Jones III
1628 Copperfield Cir.
Tallahassee, Fl. 32312

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

Hammond Jones III / [Signature]
Signature/Registered Agent
[Signature] / Hammond Jones III
Signature/Incorporator

9/11/09
Date

9/11/09
Date