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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Bryan Gallagher GAVE

AUTHORIZATION BY PHONE TO

CORRECT Ant in stock

DATE _____

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Office Use Only



300182607913

06/29/10--01006--004 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL - 9 PM 1:18

APPROVED
AND
FILED

PS 7/10/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 JUL -9 AM 11:43
DIVISION OF CORPORATIONS

June 29, 2010

RYAN GALLAGHER
18675 126TH TERRACE NORTH
JUPITER, FL 33478

SUBJECT: TROPICAL WAVE SERVICES, INC.
Ref. Number: W10000031077

We have received your document for TROPICAL WAVE SERVICES, INC. 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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) 245-6901.

Pamela Smith
Regulatory Specialist II

Letter Number: 710A00015969

COVER LETTER

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

SUBJECT: Tropical Wave 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: Ryan Gallagher

Name (Printed or typed)

18675 126th Terrace North

Address

Jupiter, FL 33478

City, State & Zip

561-502-1453

Daytime Telephone number

ryanjames1231@hotmail.com

E-mail address. (to be used for future annual report notification)

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:

Tropical Wave Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

RYAN GALLAGHER 18675 126th Terrace North
Jupiter, FL 33478

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Profit Business

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Ryan Gallagher 18675 126th Terrace North President
Jupiter, FL 33478

ARTICLE VI REGISTERED AGENT

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

RYAN GALLAGHER 18675 126th Terrace North Jupiter, FL 33478

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ryan Gallagher 18675 126th Terrace North Jupiter, FL 33478

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

Ryan Gallagher RYAN GALLAGHER
Signature/Registered Agent

Ryan Gallagher
Signature/Incorporator

6-23-10
Date

6-23-10
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL - 9 PM 1:18

APPROVED
AND
FILED