## P10000094040

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Dusiness Fatily Mana)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

RECEIVED

NOV IT PH 4: 07

19/15/10

## **COVER LETTER**

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

SUBJECT:	TLOUTDOOR S	SERUCES, WC.	
	(PROPOSED CORPO	RATE NAME - MUST INC	LUDE SUFFIX)
Enclosed are an original	ginal and one (1) copy of the ε	articles of incorporation ar	nd a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL C	OPY REQUIRED
FROM:	LEE R HAM	Provided or typed)	
	8185 WENONG,	Address	
	TAMAHASSEE, FO	2 3 23 11 ly, State & Zip	
	(850) 241-831/ Daytime	Telephone number	
	tloutdoor 70 @ E-mail address: (10 be u		notification)

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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

. TO WHOM IT MAY CONCERN:

RE: NAME AND FEES.

YOU CAN RELEASE THE NAME TLOUTDOOR SERVICES, INC. FOR IMMEDIATE USE AS WE CAN'T AFFORD TO PAY THE REINSTATEMENT FEE.

SWERELY,

LEE HAMPTON

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	corporation shall be: TLOUTDOOR S		
<u>ARTICLE II</u>	PRINCIPAL OFFICE		
	Principal <u>street</u> address		lailing address, if different is:
	TAMAGESE FZ 31303		wes
RTICLE III	PURPOSE		
he purpose for	which the corporation is organized is:		
Any An	UD AIL BUSINESS		
RTICLE IV	SHARES		
	pares of stock is: /08		
DTICLE W	INITIAL OFFICERS AND/OR DIRECTO	, DC	
	Title: A, BEATRICE HAMPON EX. PESS CEN		LEE D. HAMPING ITT POSC
Address:	1727 FORD STRIEF	Address:	8185 WENGINGA CONET
	1727 FORD STREET TALLAHOSSEE, FL 32303		TALL, FL 32311
		<del>-</del> -	
Name and Title: Address:	Title: BONITA HAMPTON	Name and Title:	
	8185 WISMONGA CT	Address:	*
	Tau, F2 32311		
Name and T	Fitle:	Name and Title:	Ās.
Address:	Title.		=======================================
readiess.	······································	Address	
		<del></del>	
	REGISTERED AGENT		m
	orida street address (P.O. Box NOT acceptable)	of the registered agent	is: 🖺 🖺 🔭
Name: Address:	LEE R. HANDOWS		
Audress:	8185 WENDINGACT TAU, F132311		22 6
	JAC 1 (363)		ORID
RTICLE VII	<u>INCORPORATOR</u>		₹***
he <u>name and ad</u>	Idress of the Incorporator is:		
Name:	LEE R. HAMPION IT	_	•
Address:	8185WZNONGACT	<del></del>	•
	Tau, RL 313/1		
Having been nan his certificate, I d	ned as registered agent to accept service of proce am familiar with and accept the appointment as re	— ss for the above state gistered agent and ag	ree to act in this capacity
	-80-	<del></del>	11-17-10
	Required Signature/Registered Agent		Date
submit this doc ocument to the L	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor	e true. I am aware th ny as provided for in s	hat the false information submitted in a s.817.155, F.S.
1	10		11-17-10
<u>جي                                    </u>	Required Signature/Incorporator	<del></del>	11-17-10