

P100000102067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900188706849

12/17/10--01016--001 \*\*70.00

FILED  
2010 DEC 17 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch DEC 20 2010

## COVER LETTER

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

**SUBJECT: T&W Air condition 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: Tavenoh Jean-Baptiste**

Name (Printed or typed)

**114 Melanie In**

Address

**Brandon, FL 33510**

City, State & Zip

**813-294-9541**

Daytime Telephone number

**Tw\_air@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** T&W Air condition INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
114 Melanie Ln  
Brandon Fl  
33510

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To obtain workers comp exempt.

**ARTICLE IV SHARES**

The number of shares of stock is 50

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Tavenoh Jean-Baptiste  
Address: President  
114 Melanie Ln  
Brandon fl 33510

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Tavenoh Jean-Baptiste  
Address: 114 Melanie Ln  
Brandon fl 33510

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tavenoh Jean-Baptiste  
Address: 114 Melanie Ln  
Brandon fl 33510

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

Tavenoh Jean-Baptiste  
Required Signature/Registered Agent

12-13-10  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Tavenoh Jean-Baptiste  
Required Signature/Incorporator

12-13-10  
Date

FILED

2010 DEC 17 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA