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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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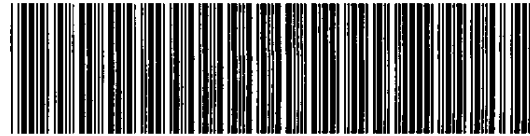
(Business Entity Name)

(Document Number)

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

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2011 JAN 13 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: TRADITIONAL BUSINESS ENTERPRISES, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: LAWRENCE M. CLENDENIN

Name (Printed or typed)

5136 DUVAL CIRCLE EAST

Address

SAINT PETERSBURG, FLORIDA 33714

City, State & Zip

727-528-7902

Daytime Telephone number

DENINCLAN@AOL.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: **TRADITIONAL BUSINESS ENTERPRISES, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**5136 DUVAL CIRCLE EAST**  
**SAINT PETERSBURG, FL 33714**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**TO PERFORM ANY LAWFULL BUSINESS ACTIVITY.**

**ARTICLE IV SHARES**

The number of shares of stock is: **ONE-THOUSAND (1,000)**

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

Name and Title: **LAWRENCE M. CLENDENIN / DIRECTOR / PRESIDENT**  
Address: **5136 DUVAL CIRCLE EAST**  
**SAINT PETERSBURG, FL 33714**

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

Name and Title: **JOAN M. CLENDENIN / DIRECTOR / SECRETARY**  
Address: **5136 DUVAL CIRCLE EAST**  
**SAINT PETERSBURG, FL 33714**

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: **LAWRENCE M. CLENDENIN**  
Address: **5136 DUVAL CIRCLE EAST**  
**SAINT PETERSBURG, FL 33714**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **LAWRENCE M. CLENDENIN**  
Address: **5136 DUVAL CIRCLE EAST**  
**SAINT PETERSBURG, FL 33714**

*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*



Required Signature/Registered Agent

**JANUARY 7, 2011**

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.*



Required Signature/Incorporator

**JANUARY 7, 2011**

Date

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE