

P11000016555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

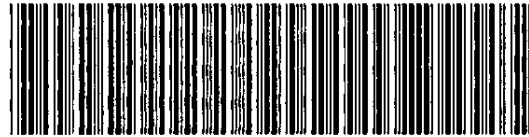
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Delores Vannadoc
change shares

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FILING CANCELLED
RETURNED CHECK

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB 16 PM 11:16

FILED

J. Shivers FEB 17 2011

555-7-113
691

COVER LETTER

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

SUBJECT:

Training Inc. Institute of Contractors
(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:

Training Inc. Institute of Contractors
Name (Printed or typed)

320 N Atlantic Ave #4B
Address

Cocoa Beach FL 32931
City, State & Zip

321-392-3210
Daytime Telephone number

D. Johnson 423@ymail.com
E-mail address: (to be used for future annual report notification)

FILED
2011 FEB 16 PM 11:16
TALLAHASSEE, FLORIDA

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:

Training Inc Institute of contractors

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

320 N Atlantic Ave #4B Ste
Cocoa Beach, Florida 32931

3550 S Atlantic Ave #2
Cocoa Beach FL 32931

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business profit Training construction Contractors.

FILING CANCELLED
RETURNED CHECK

ARTICLE IV SHARES

The number of shares of stock is:

50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DELONN JOHNSON / Pres
Address: 535 Cedar St
Cocoa Beach FL 32931

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: D. Johnson
Address: 535 N. Cedar St
Cocoa Beach, FL 32931

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: D. Johnson
Address: 535 N Cedar St
Cocoa Beach FL 32931

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

D. Johnson

Required Signature/Registered Agent

1-30-2010
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.

D. Johnson

Required Signature/Incorporator

1-30-2010
Date

FILED
2011 FEB 16 PM 11:06
TALLAHASSEE, FLORIDA
751N
TRAD# 03-002-0926