

P110000018140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

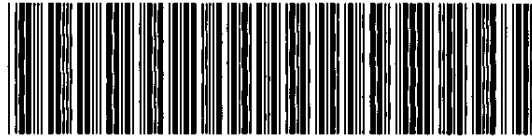
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/23/11--01002111 *70.00

RECEIVED
11 FEB 22 PM 4: 09
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 FEB 22 PM 4: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Traco Construction 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: Raymond Carl Cone III
Name (Printed or typed)

18024 Bloxham Cutoff
Address

Tallahassee FL 32310
City, State & Zip

950-508-5678
Daytime Telephone number

Traco 5678 @ 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: Traco Construction Inc.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address
19024 Bloxham Cutoff
Tallahassee FL 32310

11 FEB 22 PM 4:16
Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Raymond C. Cone III Pres.</u>	Name and Title: _____
Address: <u>19024 Bloxham Cutoff</u>	Address: _____
<u>Tallahassee FL 32310</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Raymond C. Cone III
Address: 19024 Bloxham Cutoff
Tallahassee FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Raymond C. Cone III
Address: 19024 Bloxham Cutoff
Tallahassee FL 32310

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

Raymond C. Cone III
Required Signature/Registered Agent

2-22-11
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.

Raymond C. Cone III
Required Signature/Incorporator

2-22-11
Date