# P711000035436

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE

IVISION OF CORPORATIONS

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### **COVER LETTER**

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

SUBJECT: Tholen Inc. (PROPOSED CORPORA)	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Stella L. T	Tholen (Printed or typed)
	wand St
A	Address
Gainesville	FL 32608 State & Zip
City,	State & Zip
352 240 Daytime T	6-0564
Daytime To	elephone number
	eyahoo- Com  I for future annual report notification)
E-man address: (to be used	a for future annual report noutication)

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



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SECTION STATES OF STATES

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 28, 2011

STELLA L. THOLEN 8925 SW 62ND ST GAINESVILLE, FL 32608

SUBJECT: THOLEN, INC. Ref. Number: W11000017058

We have received your document for THOLEN, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6929.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 411A00007360

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

	AME pration shall be: Tholen, Inc.		
ARTICLE II P	RINCIPAL OFFICE		
	Principal street address	Mailing ad	dress, if different is:
	8925 SW 102mg Pl. Bainesialle Dr 32008	<b></b>	, <del></del>
	Gaine SIGTLE 22 32408		
<del></del>			
ARTICLE III PU	TRPOSE the the corporation is organized is:  Lethnology, published	stung, and p	roduction
	of stock is: @ 100 shares		
	ITIAL OFFICERS AND/OR DIRECTOR		~ <del>~</del> .
Name and Title:	Stellal tholen 8925 SW Wardfu	Name and Title: Jeffy	ez B Tholen
Address:	9925 SW 62rafi	_ Address: <u>9925</u>	su bar pe
	6anes 17 1e Fr 32608	bair	45 TL FL 32608
Name and Title		Name and Title.	
		A .d.d	
Address:		Address:	
		<del></del>	
None and Witles		Name and Titles	
Address:		_ Name and Title	
Address.			
		<del></del>	
•	<u> </u>		
ARTICLE VI RE	CGISTERED AGENT		
The name and Florida	a street address (P.O. Box NOT acceptable) of	the registered agent is:	<b>≕</b> ₹∞
Name:	Stella L. Tholen		<b>≥</b> 500
Address:	8925 SW barafl	_	<b>ૐ</b> ૐ₩
1 1000	6000 827 L PL 32-608	<del>,</del>	그 무로ㅋ
		<del>-</del>	<b>&amp;</b> 8₹⊑
ARTICLE VII IN	CORPORATOR		<b>=</b> 395
The name and addres	s of the Incorporator is:		LED RY OF STATE CORPORATIONS 3 AM 10: 23
Name:	Stella L. Tholen 9925 SW 1020 PL 6ameswile FL 32408	_	
Address:	ggas sw barage	_	<b>% ₹</b>
	6amesure Fr 32608	· —	- ca
	as registered agent to accept service of process amiliar with and accept the appointment as reg		
Itel	LTW		03-18-11 Date
	Required Signature/Registered Agent		Date
I submit this document document to the Depart	nt and affirm that the facts stated herein are rtment of State constitutes a third degree felony	true. I am aware that the five as provided for in s.817.155	, F.S.
Mille	Required Signature/Incorporator		03-18-11 Date
	Required Signature/Incorporator		Date