

Divisi Apr. 26. 2011 1:02 PM

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727)322-0909
Fax Number : (727)322-0520

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: DAVIDCPA@Tampabay.fl.com

SECRETARY OF STATE
TAMPA
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FLORIDA PROFIT/NON PROFIT CORPORATION
TOM'S FIX IT OF TAMPA BAY, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

DIVISION OF CORPORATIONS

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No. 1132 P. 2

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

ARTICLE I NAME TOM'S FIX IT OF TAMPA BAY, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
6604 10TH AVE TER S
ST PETERSBURG, FL 33707

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO DO ANY LAWFUL ACT IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: THOMAS GALLO, PSTD
Address: 6604 10TH AVE TER S
ST PETERSBURG, FL 33707

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:

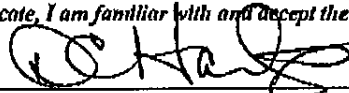
Name: DAVID C HASTINGS, CPA, PA
Address: 2207 54TH ST S
GULEPORT, FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: THOMAS GALLO
Address: 6604 10TH AVE TER S
ST PETERSBURG, FL 33707

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

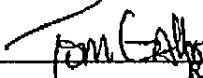


Required Signature/Registered Agent

04/26/2011

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

04/26/2011

Date

H/110001134743

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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