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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAY 27 PM 2:01

APPROVED  
AND  
FILED

141

## COVER LETTER

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

SUBJECT: TOUCHDOWN CAPITAL ADVISORS, 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: DAVID B. HIRSCH

Name (Printed or typed)

4654 WESTFORD CIRCLE

Address

TAMPA, FL 33618

City, State & Zip

(813) 334-2979

Daytime Telephone number

DBH@TOUCHDOWNCAPITAL.COM

E-mail address: (to be used for future annual report notification)

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

APPROVED  
AND  
FILED

**ARTICLES OF INCORPORATION**

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

11 MAY 27 PM 2:02

**ARTICLE I NAME**

The name of the corporation shall be: TOUCHDOWN CAPITAL ADVISORS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4654 WESTFORD CIRCLE  
TAMPA, FL 33618

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

**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: 10,000,000

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

Name and Title: DAVID B. HIRSCH, PRESIDENT  
Address: 4654 WESTFORD CIRCLE  
TAMPA, FL 33618

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 B. HIRSCH  
Address: 4654 WESTFORD CIRCLE  
TAMPA, FL 33618

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAVID B. HIRSCH  
Address: 4654 WESTFORD CIRCLE  
TAMPA, FL 33618

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

5/24/2011  
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

5/24/2011  
Date