

P11000052420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

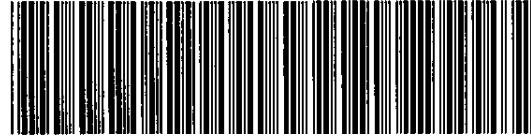
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500208260745

06/02/11--01007--021 **78.75

RECEIVED
11 JUN -2 PM 3:44
OFFICE OF STATE
TALLAHASSEE, FLORIDA

K 06/03/11

COVER LETTER

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

SUBJECT: 3T Services, 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: Angela Tompkins
Name (Printed or typed)

999 Briarwood Blvd.
Address

Naples, FL 34104
City, State & Zip

239-250-2056
Daytime Telephone number

~~Angela Tom~~ Angela@camnaples.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: 3T Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
999 Briarwood Blvd.
Naples, FL 34104

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Commercial cleaning services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angela Tompkins, President
Address: 999 Briarwood Blvd
Naples, FL 34104

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: Angela Tompkins
Address: 999 Briarwood Blvd.
Naples, FL 34104

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Angela Tompkins
Address: 999 Briarwood Blvd
Naples FL 34104

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

Angela Tompkins
Required Signature/Registered Agent

5/30/11
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.

Angela Tompkins
Required Signature/Incorporator

5/30/11
Date

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
11 JUN -2 PM 3:46