

P11000082435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

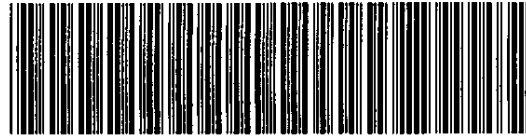
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 SEP 19 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Burch SEP 20 2011

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

TNT Trim Duts Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and check for:

☐

\$70.00  
Filing Fee

☒

\$78.75  
Filing Fees &  
Certificate of Status

☐

\$78.75  
Filing Fee  
& Certified Copy

☐

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: \_\_\_\_\_

Name (Printed or typed)

Nettie Davis, Inc.

846 SW Main Blvd. Address  
Lake City, FL 32025

City, State & Zip

386 752 4576

Daytime Telephone number

dichardchief58@yahoo.com  
Email 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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE I NAME**

The name of the corporation shall be: TNT TRIM CUTS, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address mailing address, if different is: :  
235 SE DEER ST  
LAKE CITY FL 32025

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any & All Lawful Business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: <u>Tommy BRANNON</u>	Name and Title: _____
Address: <u>PRES</u>	Address: _____
<u>235 SE DEER ST</u>	_____
<u>LAKE CITY FL 32025</u>	_____
Name and Title: <u>Lisa BRANNON, Sec</u>	Name and Title: _____
Address: <u>235 SE DEER ST</u>	Address: _____
<u>LAKE CITY FL 32025</u>	_____
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: LISA BRANNON  
Address: 235 SE DEER ST  
LAKE CITY FL 32025

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nettie DAVIS  
Address: 846 SW MAIN Blvd  
LAKE CITY FL 32025

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

[Signature]  
Required Signature/Registered Agent

9/15/11  
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.

[Signature]  
Required Signature/Incorporator

9/15/11  
Date