

P11000085358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

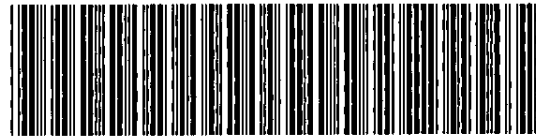
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/29/11--01029--005 **78.75

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 SEP 29 PM 1:24
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
11 SEP 29 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

929-11
D

COVER LETTER

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

SUBJECT: Southeast TVI, 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: Eileen Bischof
Name (Printed or typed)

241 E. Sixth Avenue
Address

Tallahassee FL 32303
City, State & Zip

850-894-2900
Daytime Telephone number

eileenbischof@yahoo.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: Southeast TVI, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
241 E. Sixth Avenue
Tallahassee, FL 32303

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eileen Bischof (PST)
Address: 241 E. Sixth Avenue
Tallahassee, FL 32303

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: John Bischof
Address: 241 E. Sixth Avenue
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Eileen Bischof
Address: 241 E. Sixth Avenue
Tallahassee, FL 32303

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

John L. Bischof
Required Signature/Registered Agent

9/29/11
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.

Eileen Bischof
Required Signature/Incorporator

9/28/11
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA