

P11000101385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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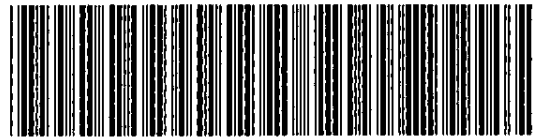
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 29 2011

COVER LETTER

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

SUBJECT: TM INCORPORATED
(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: THOMAS MANASA
Name (Printed or typed)

162 MEADOW LAKE RD.
Address

MONTICELLO, FL. 32344
City, State & Zip

850-348-2008
Daytime Telephone number

TOMMYM1460@YAHOO.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: TM III INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address

162 MEADOW LARK Rd.
MONTICELLO, FL.
32344

Mailing address, if different is:

P.O. Box 181
MONTICELLO, FL. 32345

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPERATE A BUSINESS IN THE
STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: THOMAS MANASA President Name and Title: _____

Address: 162 MEADOW LARK Rd. Address: _____

MONTICELLO, FL.
32344

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: THOMAS MANASA

Address: 162 MEADOW LARK Rd.

MONTICELLO, FL. 32344

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: THOMAS MANASA

Address: 162 MEADOW LARK Rd.

MONTICELLO, FL. 32344

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

Thomas Manasa
Required Signature/Registered Agent

11-29-2011
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.

Thomas Manasa
Required Signature/Incorporator

11-29-2011
Date

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TALLAHASSEE, FLORIDA