

P12 000012756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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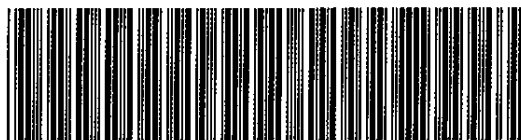
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 07 2012

COVER LETTER

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

SUBJECT: TRUEBLOOD PROPERTIES, 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 L. Trueblood
Name (Printed or typed)

3124 Pinto Dr
Address

Kissimmee, Fl. 34746
City, State & Zip

407-467-2044
Daytime Telephone number

tpireferral@gmail.com
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

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:

TRUEBLOOD PROPERTIES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3124 Pinto Dr.

Kissimmee, Fl. 34746

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate Sales

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Trueblood - President

Address: 3124 Pinto Dr.

Kissimmee, Fl. 34746

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 Trueblood

Address: 3124 Pinto Dr.

Kissimmee, Fl. 34746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Trueblood

Address: 3124 Pinto Dr.

Kissimmee, Fl. 34746

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

David L Trueblood

Required Signature/Registered Agent

February 2, 2012

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.

David L Trueblood

Required Signature/Incorporator

February 2, 2012

Date

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