

# P12000013855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

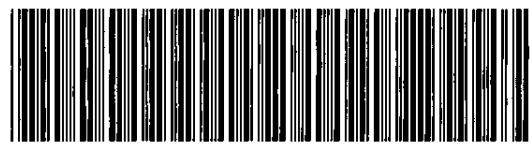
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U91-2228  
W12000005878



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 FEB -8 PM 1:55

OF 2/9/12

## COVER LETTER

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

**SUBJECT: T And W Multi 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: EFFRED W. LOUIS  
Name (Printed or typed)

749 JESSAMINE DR  
Address

DAVENPORT, FL 33837  
City, State & Zip

863 618-8839  
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 FEB - 8 PM 1:56

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
12 FEB -8 AM 10: 50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 31, 2012

EFFRED W. LOUIS  
749 JESSAMINE DRIVE  
DAVENPORT, FL 33837

SUBJECT: T AND W MULTI SERVICES, INC  
Ref. Number: W12000005878

We have received your document for T AND W MULTI SERVICES, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You must list the name of the corporation in Article I.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please list the street address of each officer/director.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 712A00003302

12 FEB -8 PM 1:56  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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: T AND W MULTI SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

162 AVENUE T NE

Mailing address, if different is:

WINTER HAVEN, FL 33881

Davenport, FL 33837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY and all lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EFFRED W. LOUIS

Name and Title: P

Address: 749 JESSAMINE DR

Address: \_\_\_\_\_

DAVENPORT, FL 33837

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: EFFRED W. LOUIS

Address: 749 JESSAMINE DR

Davenport, FL 33837

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SECRETARY OF STATE  
FLORIDA  
CORPORATIONS

12 FEB -8 PM 1:56

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EFFRED W. LOUIS

Address: 749 JESSAMINE DR

Davenport, FL 33837

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

02/05/2012  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

02/05/2012  
Date