

P/2000030821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

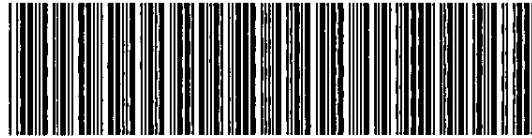
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAR 29 PM 4:03

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144

## COVER LETTER

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

SUBJECT: TR Designs & Events, 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: Todd James Reed

Name (Printed or typed)

8600 Henderson Grade Road

Address

North Fort Myers, FL 33917

City, State & Zip

(239) 940-7333

Daytime Telephone number

todd@trdesignsus.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

TR Designs & Events, Inc.  
The name of the corporation shall be:

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
8600 Henderson Grade  
North Fort Myers, FL 33917

Mailing address, if different is: FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
To provide coordination & design services to clients for events

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Todd James Reed - President  
Address: 8600 Henderson Grade Road  
North Fort Myers, FL 33917

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: Todd James Reed  
Address: 8600 Henderson Grade Road  
North Fort Myers, FL 33917

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Todd James Reed  
Address: 8600 Henderson Grade Road  
North Fort Myers, FL 33917

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

Todd J. Reed Todd J. Reed  
Required Signature/Registered Agent

March 26, 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.

Todd J. Reed Todd J. Reed  
Required Signature/Incorporator

March 26, 2012

Date