

P12000056458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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W12-
32316

FILED
12 JUN 22 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FL 32310

JUN 22 2012

COVER LETTER

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

SUBJECT: 3T'S WELDING 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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: TREVOR STUBBS
Name (Printed or typed)

8953 SPRINGTREE LAKES DR
Address

SUNRISE FL 33351
City, State & Zip

754-246-2080
Daytime Telephone number

TREVOR377@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 JUN 22 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 14, 2012

TREVOR STUBBS
8953 SPRINGTREE LAKES DR
SUNRISE, FL 33351

SUBJECT: 3T'S WELDING INC.
Ref. Number: W12000032316

We have received your document for 3T'S WELDING INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 812A00016678

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: 3T'S WELDING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8953 Springtree Lakes Dr
Sunrise FL 33351

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in any activity or business permitted under the
Laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,500 COMMON SHARES PER VALUE \$0.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TREVOR STUBBS

Address: DIRECTOR, PRESIDENT
8953 Springtree Lakes Dr
Sunrise FL 33351

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TREVOR STUBBS

Address: 8953 Springtree Lakes Dr
Sunrise FL 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TREVOR STUBBS

Address: 8953 Springtree Lakes Dr
Sunrise FL 33351

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

T Stubbs

Required Signature/Registered Agent

6-10-12

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.

T Stubbs

Required Signature/Incorporator

6-10-12

Date