

P12000090095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

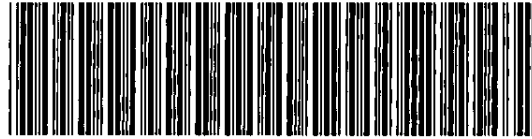
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/26/12--01002--007 **70.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 OCT 25 PM 4:25
RECEIVED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
12 OCT 25 PM 4:55
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: Thomas' Financial Services of Tallahassee, 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: Elton E. Thomas

Name (Printed or typed)

806 Apachee Street

Address

Tallahassee, FLorida 32301

City, State & Zip

850 656-3935

Daytime Telephone number

eeeethomas@yahoo.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

The name of the corporation shall be:

Thomas' Financial Services of Tallahassee, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

806 Apachee Street
Tallahassee, Florida 32301

Mailing address, if different is: Alt

P.O. Box 20912
Tallahassee, Florida 32316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For profit business established to conduct any lawful business allowed under the laws of 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: Elton E. Thomas, President

Address: P.O. Box 20912
Tallahassee, Florida 32301

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: Elton E. Thomas

Address: 806 Apachee Street
Tallahassee, Florida 32301

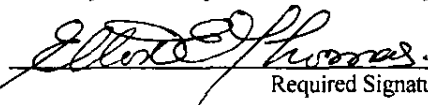
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Elton E. Thomas

Address: P.O. Box 20912
Tallahassee, Florida 32316

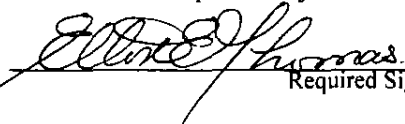
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/25/12
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.



Required Signature/Incorporator

10/25/12
Date