

P12000098641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

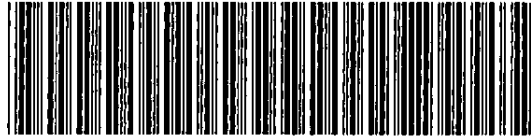
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
12/3/12

## COVER LETTER

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

SUBJECT: T Square Property Management 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: Patricia West

Name (Printed or typed)

4185 Turtle Mound Road

Address

Melbourne, FL 32934

City, State & Zip

772-321-6560

Daytime Telephone number

TSquarePM@aol.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: **T Square Property Management Services, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4185 turtle Mound Road  
Melbourne, FL 32934

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **Professional Corporation - Property Management**

**ARTICLE IV SHARES**

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Patricia West, President

Address: 4185 Turtle Mound Road  
Melbourne, FL 32934

Name and Title: Todd West, Vice President

Address: 4185 Turtle Mound Road  
Melbourne, FL 32934

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: Patricia West, President

Address: 4185 Turtle Mound Road  
Melbourne, FL 32934

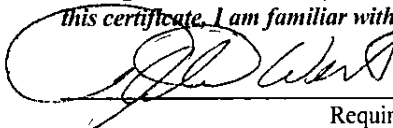
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Patricia West

Address: 4185 Turtle Mound Road  
Melbourne, FL 32934

*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

11/27/12

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

11/27/12

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA