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· (Req	uestor's Name)		
(Addi	ress)		
(Add	ress)		
(City/	State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	. MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

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SECREGARY OF SINE DIVISION OF FERPORATION

PS 1/2/13

COVER LETTER

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

SUBJECT:	TRC 63 F		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>UDE SÜFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
FROM.	R F 6 61 F.	PFROY	
FROM:	REGGIE PERRY Name (Printed or typed)		
<u> </u>	233 WILS	J PIKE CIRCLE Address	D-1
	B RENTUDOD City	ア ル	27
		75-1474 Telephone number	· · · · · · · · · · · · · · · · · · ·

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

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED SECREFARY OF STATE
ARTICLE I NAME The name of the corporation shall be: $TRC = ARTERPRISES TNC$.	VISION OF EGREGATIONS
ARTICLE II PRINCIPAL OFFICE Principal street address 958 SAN CARLOS CT. NE Mailing address 11 SAME	ess, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
CONSULTING	
ARTICLE IV SHARES The number of shares of stock is: 1000 SHARES	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: REGIE H PERR Y Address: 750 WOOD AND BAYOU DRIVE SANTA ROSA BEACH FLORIDA 32 459	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: PF 661E PERRY Address: 750 WOOD LAND BAYOU DRIVE SANTA ROSA BEACH FLOOIDA 32-459	
Having been named as registered agent to accept service of process for the above stated corporate this certificate, I am familiar with and accept the appointment as registered agent and agree to act	
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are true. I am aware that the fall document to the Department of State constitutes a third degree felony as provided for in s.817.155.	
Required Signature/Incorporator	12-23-2012 Date