

PI3000008250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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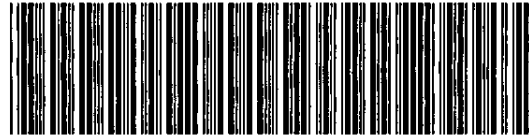
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JAN 23 PM 2:34
DEPT. OF STATE
TALLAHASSEE, FL 32304

1/4

COVER LETTER

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

SUBJECT: Tampa Supply Solutions, 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: Derek Jamison

Name (Printed or typed)

4221 W. Spruce St. Unit 1107

Address

Tampa, FL 33607

City, State & Zip

813-482-6565

Daytime Telephone number

derek.jamison@hotmail.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: Tampa Supply Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4221 W. Spruce St Unit 1107

Tampa, FL 33607

Mailing address, if different is:

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The transaction of any or all lawful purposes for
which corporations may incorporate under the Florida
business corporation act.

ARTICLE IV SHARES 2000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Derek Jamison President

Name and Title: _____

Address 4221 W. Spruce St. Unit 1107

Address: _____

Tampa, FL 33607

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: FILED
Address: _____ Address: 13 JAN 23 PM 2:34

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:

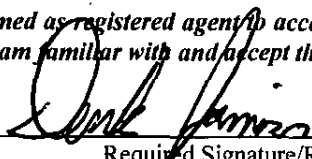
Name: Derek Jamison
Address: 4221 W. Spruce St. Unit 1107
Tampa, FL 33607

ARTICLE VII INCORPORATOR

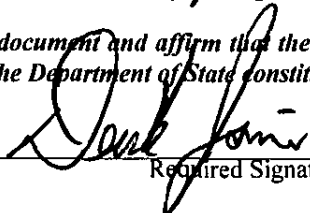
The name and address of the Incorporator is:

Name: Derek Jamison
Address: 4221 W. Spruce St. Unit 1107
Tampa, FL 33607

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

 1/18/13
Required Signature/Registered Agent 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.

 1/18/13
Required Signature/Incorporator Date