

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Torque-Quip, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

MRD3/4/13

COVER LETTER

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

SUBJECT: TORQUE-QUIP, 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: Peter J. Hobson, Esq.
Name (Printed or typed)

P. O. Box 291100
Address

Tampa, FL 33687
City, State & Zip

813-622-0000
Daytime Telephone number

Peter @ PJHobson.com
E-mail address: (to be used for future annual report notification)

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

MAR. 1. 2013 12:51PM

CAPITAL CONNECTION

NO. 3185 P. 3

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: **TORQUE-QUIP, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

6362 EAST HANNA AVE

TAMPA FL 33610

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **All lawful business.**

ARTICLE IV SHARES

The number of shares of stock is: **1,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Donna Taylor, President**

Address: **6362 EAST HANNA AVE
TAMPA FL 33610**

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

MAR. 1. 2013 12:51PM

CAPITAL CONNECTION

NO. 3185 P. 4

FILED (cont.)

13 MAR -1 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Peter J. Hobson Esq.
Address: 606 East Madison St
TAMPA FL 33602

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Peter J. Hobson Esq.
Address: 606 East Madison St
TAMPA FL 33602

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

2/28/13
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.817.133, F.S.


Required Signature/Incorporator

2/28/13
Date