

P130000 57725

(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:

Trevor Longueuil GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article I+IV
DATE 7/9/13
DOC. # MRS

Office Use Only



300249304863

300249304863
07/03/13--01019--019 **78.75

FILED
13 JUL -3 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
7/9/13

COVER LETTER

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

SUBJECT: The Tool Doctor of Bradenton Inc.
Treco of Bradenton 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: Trevor Longueuil
Name (Printed or typed)

502 36th St W
Address

Bradenton FL 34205
City, State & Zip

941-746-2958
Daytime Telephone number

toolrepair@thetooldoctorbradenton.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: The Tool Doctor of Bradenton Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

502 36th St W
Bradenton FL 34205

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Power Tool Repair

FILED
JUL -3
PM 1:24
13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Trevor Longueuil (Owner) Name and Title: _____

Address 705 47th St E Address: _____
Bradenton FL 34208

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

FILED

13 JUL -3 PM 1:24

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

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: Trevor Longueuil
Address: Soc 36th St W
Bradenton FL 34205

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Trevor Longueuil
Address: Soc 36th St W
Bradenton FL 34205

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

Trevor Longueuil
Required Signature/Registered Agent

7-1-13
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.817.155, F.S.

Trevor Longueuil
Required Signature/Incorporator

7-1-13
Date