

P13000065445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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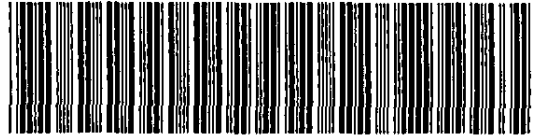
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

κ 08/08/13

COVER LETTER

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

SUBJECT: TRI-COUNTY MAINTENANCE 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 ☒ \$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: ABEL GONZALEZ
Name (Printed or typed)
1400 SW 27TH AVE APT #305
Address
MIAMI FL 33145
City, State & Zip
305-331-6648
Daytime Telephone number
abel080566@yahoo.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 TRI-COUNTY MAINTENANCE SERVICES, INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1400 SW 27TH AVE

APT # 305

MIAMI FL 33145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

THIS CORPORATION IS ORGANIZED FOR THE PURPOSE OF TRANSACTING
ANY OR ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE
INCORPORATED UNDER CHAPTER 607, FLORIDA STATUTES, AS NOW
EXISTS OR MAY AFTER BE AMENDED

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Abel Gonzalez as President

Name and Title: _____

Address 1400 SW 27th Ave

Address: _____

Apt # 305

Miami FL 33145

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Abel Gonzalez

Address: 1400 SW 27th Ave Apt #305

Miami FL 33145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Abel Gonzalez

Address: 1400 SW 27th Ave Apt #305

Miami FL 33145

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TALLAHASSEE, FLORIDA

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

7/31/13
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.

Required Signature/Incorporator

7/31/13
Date