

P130000066858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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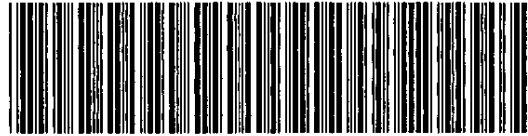
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/09/13--01018--004 **78.75

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13 AUG -9 PM 1:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/4

COVER LETTER

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

SUBJECT: Trailer Warehouse, 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: Gregory E. Manuel

Name (Printed or typed)

5384 S.W. 119 Ave.

Address

Cooper City, Florida 33330

City, State & Zip

954-347-0262

Daytime Telephone number

trailerwarehouse@aol.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)

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ARTICLE I NAME

The name of the corporation shall be: Trailer Warehouse, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE FLORIDA
Mailing address, if different is:

4717 Orange Dr.

Davie, Florida 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: retail, wholesale, internet sales

ARTICLE IV SHARES

The number of shares of stock is: 6

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gregory E. Manuel, Pres. Name and Title: Theresa C. Manuel, Sec/Treas.

Address: 5384 S.W. 119 Ave. Address: 5384 S.W. 119 Ave.
Cooper City, FL 33330 Cooper City, FL 33330

Name and Title: Gregory E. Manuel II V.P. Name and Title: Jason E. Manuel, V.P.

Address: 5384 S.W. 119 Ave. Address: 5384 S.W. 119 Ave.
Cooper City, FL 33330 Cooper City, FL 33330

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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:

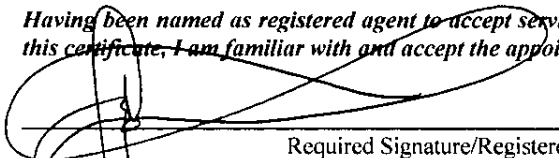
Name: Gregory E. Manuel
Address: 5384 S.W. 119 Ave.
Cooper City, FL 33330

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Theresa C. Manuel
Address: 5384 S.W. 119 Ave.
Cooper City, FL 33330

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

8-5-13

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

8/5/13

Date