

P13000077356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

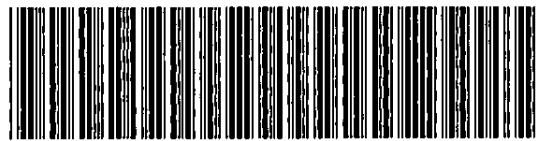
(Document Number)

Certified Copies _____

Certificates of Status _____ ✓

Special Instructions to Filing Officer:

Office Use Only



400251782744

09/19/13--01008--025 **78.75

RECEIVED
DEPARTMENT OF STATE
13 SEP 19 PM 1:14

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 SEP 19 PM 1:17

MRP
9/19/13

COVER LETTER

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

SUBJECT: Total Bathroom 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
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: Patrick Dorsch

Name (Printed or typed)

3019 Shamrock North

Address

Tallahassee, FL 32309

City, State & Zip

850-570-5119

Daytime Telephone number

pat@totalbathroomsolutions.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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 SEP 19 PM 1:17

ARTICLE I NAME

The name of the corporation shall be: Total Bathroom Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3019 Shamrock North
Tallahassee, FL 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Bathroom Renovation and improvements

ARTICLE IV SHARES

The number of shares of stock is: 100

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 SEP 19 PM 1:17

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patrick Dorsch, CEO Name and Title: _____

Address: 3019 Shamrock North Address: _____
Tallahassee, FL 32309 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP 19 PM 1:17

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: Patrick Dorsch
Address: 3019 Shamrock North
Tallahassee, FL 32309

ARTICLE VII INCORPORATOR

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

Name: Patrick Dorsch
Address: 3019 Shamrock North
Tallahassee, FL 32309

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

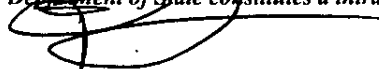


Required Signature/Registered Agent

9/19/13

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

9/19/13

Date