

P13000088921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

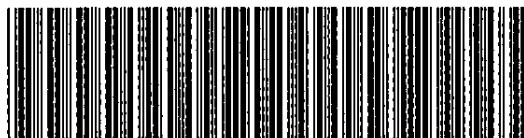
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000252753890

10/29/13--01011--013 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 29 AM 11:00

Ps 10/30/13

COVER LETTER

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

SUBJECT: **TPC Consulting, 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: **Thea P. Campbell**

Name (Printed or typed)

1505 1st St. S. Apt. 802

Address

Jacksonville Beach, FL 32250

City, State & Zip

904-372-9050

Daytime Telephone number

jcamp97@bellsouth.net

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
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: TPC Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1505 1st St. S. Apt. 802

Jacksonville Beach, FL 32250

13 OCT 29 AM 11:00

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide project management consulting services.

ARTICLE IV SHARES

The number of shares of stock is: 100 authorized shares of common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thea P. Campbell, Director and President

Address 1505 1st St. S. Apt. 802

Jacksonville Beach, FL 32250

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Jason E. Campbell
Address: 105-C Solana Road
Ponte Vedra Beach, FL 32082

ARTICLE VII INCORPORATOR

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

Name: Thea P. Campbell
Address: 1505 1st St. S. Apt. 802
Jacksonville Beach, FL 32250

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

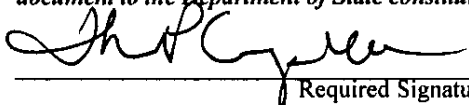


Required Signature/Registered Agent

10-28-2013

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

10-28-2013

Date