

P13000091136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

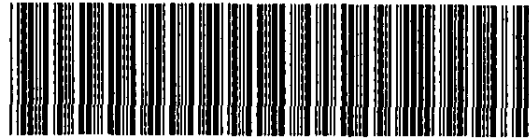
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/06/13--01007--008 **78.75

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B 11/7/13

COVER LETTER

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

SUBJECT: TS Prosource, 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: Joan E Cass

Name (Printed or typed)

3340 SE Federal Highway, Suite 291

Address

Stuart, FL 34997

City, State & Zip

772-631-1503

Daytime Telephone number

joanecass@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

The name of the corporation shall be: TS Prosource, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3340 SE Federal Highway, Ste 291
Stuart, FL 34997

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: retail and commercial sales, rental, and repair of new,
used motorized and non-motorized tools.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gerald S Cass, President

Name and Title: _____

Address P O Box 1770

Address: _____

Stuart, FL 34995

Name and Title: Joan E Cass, V.Pres.

Name and Title: _____

Address P O Box 1770

Address: _____

Stuart, FL 34995

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Joan E Cass
Address: 3340 SE Federal Hwy, 291
Stuart, FL 34997

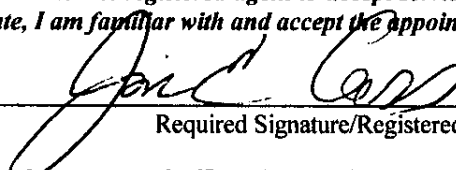
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joan E. Cass
Address: 3340 SE Federal Hwy 291
Stuart, FL 34997

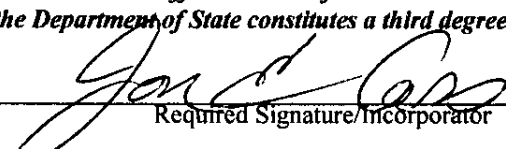
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/1/2013
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

11/1/2013
Date