

PI40000007879

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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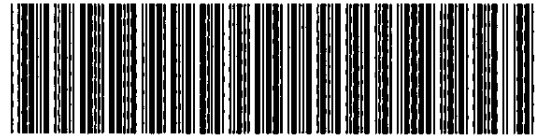
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE

01/06/14--01025--004 \*\*78.75

11K-213

YMD 1/28



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2014

KIM TURNER  
3673 ENTERPRISE AVENUE  
NAPLES, FL 34104

SUBJECT: TM & S INVESTMENTS, INC.  
Ref. Number: W14000002113

We have received your document for TM & S INVESTMENTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 314A00000719

**COVER LETTER**

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

TMS Global Investments, Inc.  
SUBJECT: ~~TM & S INVESTMENTS, 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: Kim Turner  
Name (Printed or typed)  
3673 Enterprise Avenue  
Address  
Naples, FL 34104  
City, State & Zip  
239-435-3940  
Daytime Telephone number  
kturner@marchaviation.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: TM & S Investments, Inc. TMS Global Investments, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3763 Enterprise Avenue

Naples, FL 34104

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To acquire and/or lease corporate aircraft and other investments.

**ARTICLE IV SHARES** 5000

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Thomas March-President

Name and Title: \_\_\_\_\_

Address 3763 Enterprise Avenue  
Naples, FL 34104

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

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: Thomas March  
Address: 3673 Enterprise Avenue  
Naples, FL 34104

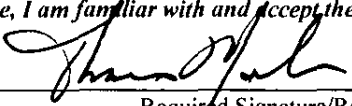
**ARTICLE VII INCORPORATOR**

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

Name: Kim Turner  
Address: 3763 Enterprise Avenue  
Naples, FL 34104

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TALLAHASSEE FLORIDA

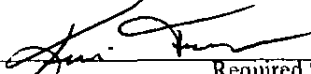
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

01/02/2014

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

01/02/2014

Date