

P.14000009466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

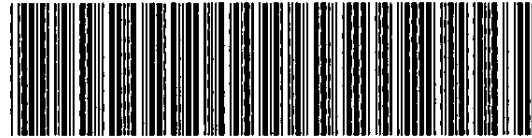
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100253981071

11/27/13--01013--002 \*\*70.00

FILED

14 JAN 31 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~W136584~~

## COVER LETTER

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

SUBJECT: Tropical Forklift, 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: Ruth M. Martinez

Name (Printed or typed)

15476 NW 77th Court #271

Address

Miami Lakes, Florida 33016

City, State & Zip

305-625-1916

Daytime Telephone number

admin@tropicallift.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
14 JAN 31 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 2, 2013

RUTH M MARTINEZ  
15476 NW 77TH COURT #271  
MIAMI LAKES, FL 33016

SUBJECT: TROPICAL FORKLIFT, INC  
Ref. Number: W13000065811

We have received your document for TROPICAL FORKLIFT, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return 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.

Pamela Smith  
Regulatory Specialist II

Letter Number: 713A00027431

**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: Tropical Forklift, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

15476 NW 77th Court

Suite 271

Miami Lakes, Florida 33016

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Ruth M. Martinez, President

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

Address 15476 NW 77th Court

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

Suite 271

Miami Lakes, Florida 33016

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
14 JAN 31 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(conti.)

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:

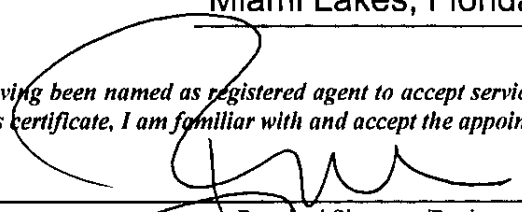
Name: Ruth M. Martinez  
Address: 15476 NW 77th Court #271  
Miami Lakes, Florida 33016

**ARTICLE VII INCORPORATOR**

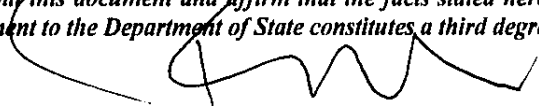
The name and address of the Incorporator is:

Name: Ruth M. Martinez  
Address: 15476 NW 77th Court #271  
Miami Lakes, Florida 33016

*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	<u>1/27/14</u> _____ 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	<u>1/27/14</u> _____ Date
---	---------------------------------