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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

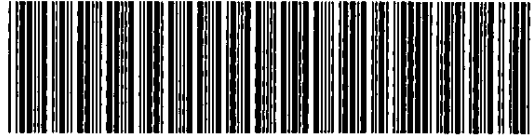
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: T-Square Trailer Repair & Design, 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: Kevin C. Travis

Name (Printed or typed)

6040 Connie Jean Road

Address

Jacksonville, Florida 32222

City, State & Zip

(904) 305-1747

Daytime Telephone number

kevin.travis@rocketmail.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: T-Square Trailer Repair & Design, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6040 Connie Jean Road
Jacksonville Florida 32222

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct and transact generally the business of a steel repair and design corporation and do all things and exercise all powers and perform all functions that a steel repair and design corporation is authorised or empowered to do, exercise, or perform under and by virtue of the laws of Florida, or that it may be by law hereafter authorised to do, exercise, or perform; To build, repair and design and do all the above things as a steel repair and design corporation and insofar as is consistent with the laws of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kevin C. Travis (owner)
Address: 6040 Connie Jean Road
Jacksonville, Florida
32222

Name and Title: Tina M. Travis
Address: 6040 Connie Jean Road
Jacksonville, Florida
32222

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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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: Kevin C. Travis
 Address: 6040 Connie Jean Road
Jacksonville, Florida 32222

ARTICLE VII INCORPORATOR

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

Name: Kevin C. Travis
 Address: 6040 Connie Jean Road
Jacksonville, Florida 32222

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

Kevin C. Travis 02/14/2014
 Required Signature/Registered Agent 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.

Kevin C. Travis 02/14/2014
 Required Signature/Incorporator Date

02/14/2014
 SECRETARY OF STATE
 ALACHASSEE FLORIDA
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