P14000025597

(Req	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doca	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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COVER LETTER

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

1 1 1 1

SUBJECT:	TFM	Construction, I		
		(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are	an origi	nal and one (1) copy of the ar	cicles of incorporation and	d a check for:
— -	70.00 g Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
			ADDITIONAL CO	PY REQUIRED
FRO	_{DM:} Fr	ed Medley	e (Printed or typed)	
	Р.	O. Box 195522		
		,	Address	
	W	inter Springs, FL		
		City,	State & Zip	
	(4)	07) 252-2140		
		Daytime T	elephone number	
	fre	dio@cfl.rr.com		
		E-mail address: (to be use	d for future annual report r	iotification)

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

S. F. C. S. C. S. C.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporate	TFM Construc	tion, Inc.		
	ICIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is: P.O. Box 195522 Winter Springs, FL 32719		
Casselberry	, FL 32707			
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is:	truction		
			14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	
ARTICLE IV SHA. The number of shares of s			9 AM II: 08	
	Fred Medley, Pres	DRS Name and Title:		
Address	1008 Wolf Trail Casselberry, FL 32707	Address:		
Name and Title:_		Address:		

Name and	Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:
	George Clark	the registered agent to.
Name: Address:	111 Lake Oaks Blvd	
	Longwood, FL 32750	
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Fred Medley	
Address:	1008 Wolf Trail	
	Casselbery \$1.32707	
Having been nam this certificate, I a	ed as registered agent to accept service of process m familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
Asays!	Required Signature/Registered Agent	3/17/2014
-0-0	Required Signature/Registered Agent	Date
I submit this doci	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.!55, F.S.
2	N	3/17/2014
	Rebuired Signature/Incorporator	Date