

4/15/2014 10:03:02 From: To: 8506176381

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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FLORIDA PROFIT/NON PROFIT CORPORATION
TD Capital Inc

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Help

4-16-14

COVER LETTER

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

SUBJECT: TD CAPITAL 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: TONY MOSS
Name (Printed or typed)
2931 NW 8 STREET
Address
POMPANO BEACH, FL 33069
City, State & Zip
954-709-4192
Daytime Telephone number
TMOSS375@GMIAL.COM
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: TD CAPITAL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

2931 NW 8 STREET, POMPANO BEACH, FL 33069

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INSTALLATION AND REPAIR OF FENCING, LIGHTING,
PAINTING, PRESSURE CLEANING, HANDYMAN WORK

ARTICLE IV SHARES

The number of shares of stock is: 150,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TONY MOSS PRESIDENT

Name and Title: _____

Address: 2931 NW 8 ST
POMPANO BEACH, FL 33069

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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DIVISION OF CORPORATIONS
14 APR 15 AM 9:33

(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: CT Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: TONY MOSS
Address: 2931 NW 8 ST
POMPANO BEACH, FL 33069

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 of Sandra Oranga to act in this capacity

By: CT Corporation System Sandra Oranga 4/14/14
Required Signature/Registered Agent Assistant Secretary 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.

Tony Moss 04/14/2014
Required Signature/Incorporator Date