## P14-000080501

(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



000263258780

09/29/14--01014--003 \*\*78.75

Volacha Geosylymy Blyd at allabes

TICED.

10/01/14

## **COVER LETTER**

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

SUBJECT: T. I	H. Davis, P.A.	TE NAME – <u>MUST INCL</u> I	ÜDE SUFFIX)
Enclosed are an original	inal and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED
FROM: T	. H. Davis, P.A.	(Printed or typed)	
24	153 Kinafisher l	_ane. G101	

Clearwater, FL 33762 727-460-4192 Daytime Telephone number tdavis6@tampabay.rr.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 NAI The name of the corpora	tion shall be: T. H. Davis, P.	Α		
ARTICLE II PRINCIPAL OFFICE Principal street address 2453 Kingfisher Lane, G101		Mailing address, if different is:		
		Same		
Clearwater,	FL 33/62			
ARTICLE III PUR The purpose for which	PPOSE the corporation is organized is: to eng	age in the profess	ional practice as a	
	rchitect and related bus			
			<u> </u>	
ARTICLE IV SHA	4 DES		AND SEL	
The number of shares of		e stock.	2 2	
	TIAL OFFICERS AND/OR DIRECTO	<u>DRS</u>	かん 全 ロ	
Name and Titl	<sub>e:</sub> T. H. Davis	Name and Title:		
Address	2453 Kingfisher Lane, G10		7 72	
	Clearwater, FL 33762			
	Oldar Water, 1 E do 7 dE	<u> </u>		
			<u> </u>	
Name and Title	:	Name and Title:	<u>.                                    </u>	
Address		Address:		
Name and Title	: <u> </u>	Name and Title:		
Address		Address:		

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
		<del></del>	
			<del></del>
ARTICLE VI	REGISTERED AGENT		
The name and F	Iorida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	T. H. Davis		
Address:	2453 Kingfisher Lane, G101	_	
	Clearwater, FL 33762	_	11V1 1938
ARTICLE VII	INCORPORATOR		FILEI SEP 29 AHASUEL
The <u>name and address</u> of the Incorporator is:			[11] [1] [1] [1] [1] [1] [1] [1] [1] [1]
Name:	T. H. Davis	_	FLAND FLAND
Address:	2453 Kingfisher Lane, G101	_	12 10A
	Clearwater, FL 33762	_	
I submit this do	med as registered agent to accept service of process by smallar with and accept the appointment as reg  Required Signature/Registered Agent  euglent and affirm that the facts stated herein are  Department of State constitutes a third degree felon  Required Signature/Incorporator	ristered agent and agree to act in the false true. I am aware that the false by as provided for in s.817.155, i	this capacity  O.27-14  Date  Information submitted in a
	Required Signature/Incorporator		Date