

P15000019922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

CMD 36

## COVER LETTER

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

**SUBJECT:** TL Goods 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Travis Lelle

Name (Printed or typed)

622 Contravest Lane

Address

Winter Springs, FL 32708

City, State & Zip

321-295-1233

Daytime Telephone number

TravisLelle@gmail.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: TL Goods Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

622 Contravest Lane  
Winter Springs, FL 32708

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To allow the sales of various retail products online.

**ARTICLE IV    SHARES** 1

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Travis M Lelle                      Name and Title: \_\_\_\_\_

Address: 622 Contravest Lane                      Address: \_\_\_\_\_

Winter Springs, FL 32708                      \_\_\_\_\_

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

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

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

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

(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: Travis M Lelle

Address: 622 Contravest Lane

Winter Springs, FL 32708

**ARTICLE VII INCORPORATOR**


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

Name: Travis M Lelle

Address: 622 Contravest Lane

Winter Springs, FL 32708

*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*

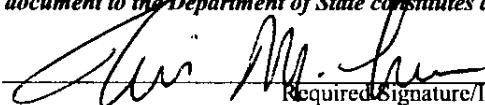


Required Signature/Registered Agent

2/26/2015

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

2/26/2015

Date

15 MAR -2 PM 12:53  
CLERK OF STATE  
TALLAHASSEE, FLORIDA