

P15000020640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

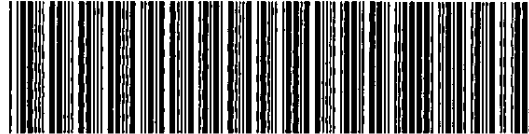
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR -2 PM 2:58

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COVER LETTER

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

SUBJECT: TSI Evictions, 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: Joseph C. Dominguez
Name (Printed or typed)

1813 N. Tampa St.
Address

Tampa FL 33602
City, State & Zip

(813) 282-0074
Daytime Telephone number

jc@tsilegal.com
E-mail address: (to be used for future annual report notification)

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

W 1813 N. Tampa St. 3578

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: Joseph C. Dominguez

Address: 1813 N. Tampa St
TPA FL 33602

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

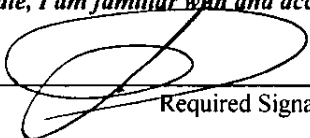
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph C. Dominguez

Address: P.O. Box 10961
TPA FL 33679

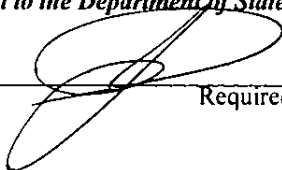
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

1-5-14
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

1-5-14
Date

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: TSI Evictions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1813 N. TAMPA ST.
TAMPA FL 33602

~~SAME~~ P.O. Box 10961
TAMPA FL 33679

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any And All business

ARTICLE IV SHARES

The number of shares of stock is: 1000

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15 MAR -2 PM 2:58
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph C. Dominguez ^{CEO} Name and Title: _____

Address P.O. Box 10961 Address: _____

TPA FL 33679

Name and Title: Jennifer Dominguez ^{CFO} Name and Title: _____

Address SAME Address: _____

Name and Title: Joe Osborne, V.P. Name and Title: _____

Address _____ Address: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2015

JOSEPH DOMINGUEZ
1813 N TAMPA ST
TAMPA, FL 33602

SUBJECT: TSI EVICTIONS INC
Ref. Number: W15000003578

FILED
15 FEB -2 PM 4:44
TAMPA, FLORIDA

We have received your document for TSI EVICTIONS INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE REFILE USING THE FILING AMOUNT. YOU PAID TOO MUCH.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 215A00001036