P15000074049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

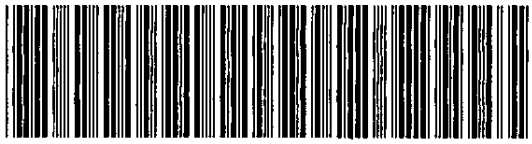
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

P

Office Use Only



300276497943

09/01/15--01018--006 **78.75

FILED
15 SEP -1 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 11 2015

COVER LETTER

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

SUBJECT: TPA REALTORS 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: JOHN G. COBEY
Name (Printed or typed)

STE 2350 , 250 EAST 5TH STREET
Address

CINCINNATI,OHIO 45202
City, State & Zip

513-333-5234
Daytime Telephone number

JCOBEY@CTKS.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: TPA REALTORS INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
450 BOTONICAL PLACE CIRCLE UNIT 406	
NAPLES ,FLA.	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
1. TO DO ALL ACTIONS PERMITTED BY FLORIDA CORPORATE LAWS (CHAPTER 605 AND 621 FLORIDA STATUTES).
2. TO BUY, SELL, AND MANAGE REAL ESTATE

FILED
15 SEP -1 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRIAN BROCKMAN MGER/DIRECTOI	Name and Title:
Address 100 CRISLER UNIT 105	Address:
CRESCENT SRINGS,KY41017	
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:

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: MICHAEL CRANLEY

Address: 4500 BOTANICAL PL CIRCLE,UNIT ~~4504~~ 406

NAPLES FLORIDA 34112

FILED
15 SEP -1 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: BRIAN BROCKMAN

Address: 100 CRISLER UNIT 105

CRESCENT SPRINGS, KY 41017

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Michael Cranley
Required Signature/Registered Agent

9-2-15
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.

Brian Brockman
Required Signature/Incorporator

8/21/15
Date