

P15 600079987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

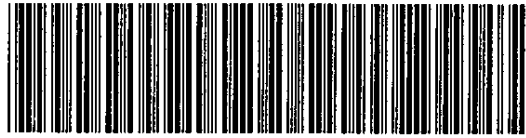
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2015 SEP 25 PM 2:45  
CLERK OF COURT  
JUDICIAL DISTRICT OF CALIFORNIA  
SANTA ANA COUNTY

W15 600059413  
\*AW  
\*CC

9/29/15

## COVER LETTER

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

SUBJECT: TROY D. TUMMOND, 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: TROY D TUMMOND  
Name (Printed or typed)

304 KINGSLEY LAKE DRIVE SUITE 601  
Address

ST. AUGUSTINE, FL 32092  
City, State & Zip

904-699-5362  
Daytime Telephone number

~~TROY.TUMMOND@LPL.COM~~  
E-mail address: (to be used for future annual report notification)

TROYTUMMOND@gmail.com

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2015

TROY TUMMOND  
304 KINGSLEY LAKE DR., STE 601  
ST. AUGUSTINE, FL 32092

SUBJECT: TROY D. TUMMOND, INC.  
Ref. Number: W15000059413

We have received your document for TROY D. TUMMOND, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 715A00018982

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: Troy D. Tummond, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

304 Kingsley Lake Dr. Suite 601  
ST. AUGUSTINE, FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to solicit, market, AND  
ADVISE for the purchase of insurance and  
INVESTMENT products.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Troy D. Tummond, Pres. Name and Title: \_\_\_\_\_

Address: 304 Kingsley Lake Dr Address: \_\_\_\_\_

Suite 601 \_\_\_\_\_

ST. AUGUSTINE, FL 32092 \_\_\_\_\_

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

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

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

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

FILED  
2015 SEP 25 PM 2:46  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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: Mark Schoen, CPA Troy D TUMMOND  
Address: 4496 Southside Blvd 304 Kingsley Lake Dr #601  
Jacksonville FL 32218 ST AUGUSTINE, FL 32092

**ARTICLE VII INCORPORATOR**

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

Name: Troy D TUMMOND  
Address: 304 Kingsley Lake Dr. #601  
ST. AUGUSTINE, FL 32096


**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*

  
Required Signature/Registered Agent

9/21/15  
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.*

  
Required Signature/Incorporator

9/21/15  
Date