

P15 000086140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

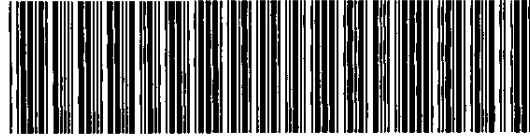
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

P.

Office Use Only



500277881785

10/12/15--01030--026 **87.50

FILED
15 OCT 12 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 20 2015

COVER LETTER

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

SUBJECT: TLG Home Renovation Specialists Corporation
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Tommy Gibbs
Name (Printed or typed)

2011 Geary Ave
Address

Palatka, FL 32177
City, State & Zip

386-916-9851
Daytime Telephone number

tommygibbs08@yahoo.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: TLG Home Renovation Specialists Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2011 Geary Ave

Palatka, FL 32177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity
which a corporation may engage in under the law of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tommy Gibbs - CEO

Name and Title: _____

Address 2011 Geary Ave

Address: _____

Palatka, FL 32177

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
15 OCT 12 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(conti.)

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: Tommy Gibbs
Address: 2011 Geary Ave
Palatka, FL 32177

FILED
15 OCT 12 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tommy Gibbs
Address: 2011 Geary Ave
Palatka, FL 32177

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

Tommy Gibbs
Required Signature/Registered Agent

10-08-2015
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.

Tommy Gibbs
Required Signature/Incorporator

10-08-2015
Date