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02/23/16--01012--018 **78.75

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 23 2016

T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

T&M WHOLESALE IMPORTS, INC.

Signature _____

Requested by: BA

2/23/16

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- ☒ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

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

SUBJECT:

T & M Wholesale Imports, 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:

W. Thomas BARRETT III

Name (Printed or typed)

8462 KARINA CT.

Address

Naples, FL 34114

City, State & Zip

239-300-7024

Daytime Telephone number

fsutom56@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: T & M Wholesale Imports, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8462 KARINA CT.
NAPLES, FL 34114

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WHOLESALE JEWELRY IMPORTS
& SALES.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: W. Thomas Barrett III - Pres. Name and Title: W. Thomas Barrett III - Treasurer.

Address 8462 KARINA CT.
NAPLES, FL 34114

Address: 8462 KARINA CT.
NAPLES, FL 34114

Name and Title: MARCELO SMITH - V.P.

Address 5366 TEXAS AVE.
NAPLES, FL 34113

Name and Title: MARCELO SMITH - Sect'y.

Address: 5366 TEXAS AVE.
NAPLES, FL 34113

Name and Title: _____

Address _____

Name and Title: _____

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:

Emilee S. BARRETT

Address:

8462 KARINA CT.

NAPLES, FL 34114

ARTICLE VII INCORPORATOR

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

Name:

W. THOMAS BARRETT III

Address:

8462 KARINA CT.

NAPLES, FL 34114

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: ASAP (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

Emilee S. Barrett

Required Signature/Registered Agent

2-22-16

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.

W. Thomas Barrett III

Required Signature/Incorporator

2/22/2016

Date