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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB 29 AM 10:50

COVER LETTER

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

SUBJECT: TBS Bookkeeping and Tax Services, 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: Robert C Triplett
Name (Printed or typed)

13525 Knotty Lane
Address

Hudson FL 34669
City, State & Zip

614-499-3967
Daytime Telephone number

triplettbusiness@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: TBS Bookkeeping and Tax Services INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

13525 KNOTTY LANE
HUDSON FL 34669

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE PAYROLL SERVICES, BOOKKEEPING
PREPARE ALL TYPES OF INCOME TAX - PERSONAL, PARTNERSHIP, LLC AND
CORPORATE TAX. PROVIDE ANY AND ALL LEGAL SERVICES WHICH
CORPORATIONS ARE INCORPORATED IN FLORIDA AND THE UNITED
STATES OF AMERICA

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ROBERT C TRIPLETT Pres</u>	Name and Title:	<u>YVONNA J TRIPLETT VP</u>
Address	<u>13525 KNOTTY LANE</u>	Address:	<u>13525 KNOTTY LANE</u>
	<u>HUDSON FL 34669</u>		<u>HUDSON FL 34669</u>
			<u>TREASURER</u>

Name and Title:		Name and Title:	
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Address		Address:	
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Name and Title:		Name and Title:	
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Address		Address:	
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FILED
STATE
DIVISION OF CORPORATIONS
16 FEB 29 AM 10:50

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: Robert Triplett
Address: 13525 Knotty Lane
Hudson FL 34669

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Triplett
Address: 13525 Knotty Lane
Hudson FL 34669

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

Robert Triplett
Required Signature/Registered Agent

2-25-16
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.

Robert Triplett
Required Signature/Incorporator

2-25-16
Date