

P16000042457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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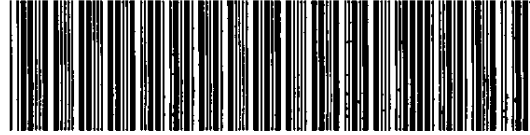
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/09/16--01023--005 **70.00

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16 MAY -9 AM 11:56

RECEIVED
STATE
JUL 11 11 00 AM

5/17/16

COVER LETTER

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

SUBJECT: TNT Builders of Florida 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Duane R. Thompson

Name (Printed or typed)

702 E. Norfolk St.

Address

Tampa, FL 33604

City, State & Zip

813-404-6002

Daytime Telephone number

drt61@yahoo.com

E-mail address: (to be used for future annual report notification)

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16 MAY - 9 AM 11:56
TALLAHASSEE FLORIDA
STATE DEPT OF STATE

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)

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ARTICLE I NAME

The name of the corporation shall be: TNT Builders of Florida Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

702 E. Norfolk St.

Tampa, FL. 33604

MAILING ADDRESS
Mailing address, if different is: FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ~~to purchase~~ purchasing

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Duane R. Thompson

Name and Title: _____

Address 702 E. Norfolk St.

Address: _____

Tampa FL. 33604

President

Name and Title: Todd Arrant

Name and Title: _____

Address 2504 Silvermoss Dr
Wesley Chapel FL 33544
Vice President

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: Duane R. Thompson
Address: 702 E. Norfolk St.
Tampa, FL. 33604

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Duane R. Thompson
Address: 702 E. Norfolk St.
Tampa, FL. 33604

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

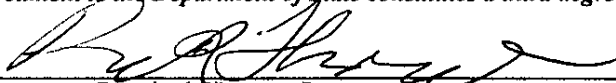


Required Signature/Registered Agent

5-5-16

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.



Required Signature/Incorporator

5-5-16

Date