

P/600044813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

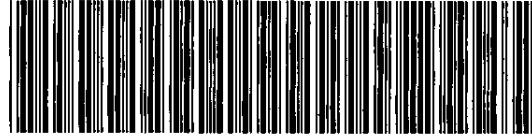
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900285688989

05/16/16--01004--012 \*\*70.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 16 AM 8:33

*[Handwritten signature]*

## COVER LETTER

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

**SUBJECT:** Thompson Support 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      ☐ \$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:** Suzanne Thompson

Name (Printed or typed)

107 Scagrape Drive

Address

Jacksonville Beach, Florida 32250

City, State & Zip

904-305-8004

Daytime Telephone number

thompsonsvcs@gmail.com

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 16 AM 8:33

**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: Thompson Support Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

107 Seagrape Drive

Jacksonville Beach, Florida 32250

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
to provide bookkeeping services and administrative support to small businesses

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Suzanne Thompson, President

Name and Title:

Address 107 Seagrape Drive

Address:

Jacksonville Beach, Florida 32250

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 16 AM 8:33

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: Suzanne Thompson

Address: 107 Seagrape Drive

Jacksonville Beach, Florida 32250

**ARTICLE VII INCORPORATOR**

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

Name: Suzanne Thompson

Address: 107 Seagrape Drive

Jacksonville Beach, Florida 32250

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 16 AM 8:33

**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*

Suzanne Thompson  
Required Signature/Registered Agent

5.12.16  
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.*

Suzanne Thompson  
Required Signature/Incorporator

5.12.16  
Date