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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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08/03/16--01015--021 \*\*78.75

08/03/16 11:21:53  
FILING OFFICE  
STATE OF TEXAS

π 08/11/13

**COVER LETTER**

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

**SUBJECT:** TC Site Supply, 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

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

**FROM:** Vicki Phillis  
\_\_\_\_\_  
Name (Printed or typed)

2601 NE Sabal Palm Way  
\_\_\_\_\_  
Address

Jensen Beach, FL 34957  
\_\_\_\_\_  
City, State & Zip

9194147465  
\_\_\_\_\_  
Daytime Telephone number

vicki@tcsitesupply.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: TC Site Supply, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address Mailing address, if different is:  
2601 NE Sabal Palm Way \_\_\_\_\_  
Jensen Beach, FL 34957 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Construction site preparation material sales

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16 OCT 2011 11:12:53  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Vicki Phillis, President Name and Title: \_\_\_\_\_  
Address 2601 NE Sabal Palm Way Address: \_\_\_\_\_  
Jensen Beach, FL 34957 \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ 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: Vicki Phillis  
 Address: 2601 NE Sabal Palm Way  
 Jensen Beach, FL 34957

16 AUG - 3 PM 12:53  
 State of Florida  
 Department of State

**ARTICLE VII INCORPORATOR**

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

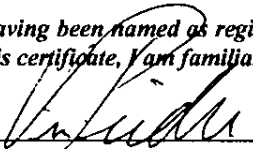
Name: Vicki Phillis  
 Address: 2601 NE Sabal Palm Way  
 Jensen Beach, FL 34957

**ARTICLE VIII EFFECTIVE DATE:**

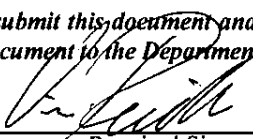
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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  
 7/29/16  
 \_\_\_\_\_  
 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  
 7/29/16  
 \_\_\_\_\_  
 Date