

P16000077127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

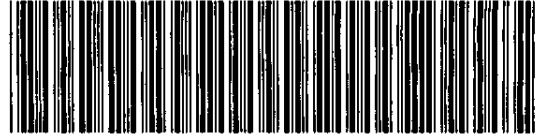
(Document Number)

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~~W16 5/16/13~~

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2016 SEP 15 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UX

**COVER LETTER**

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

**SUBJECT:** Talin Manufacturing LLC

**(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:** Ingrid Throgmartin  
Name (Printed or typed)

7359 Cedarhurst St.  
Address

Brooksville, FL  
City, State & Zip

352-942-0224  
Daytime Telephone number

chris@talinrv.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2016

INGRID THROGMARTIN  
7359 CEDARHURST ST.  
BROOKSVILLE, FL 34613

SUBJECT: TALIN MANUFACTURING LLC  
Ref. Number: W16000051643

We have received your document for TALIN MANUFACTURING LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 216A00015530

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

2016 SEP 15 PM 5:01

**ARTICLE I NAME**

The name of the corporation shall be:

Talin Manufacturing ~~LLC~~ INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

7359 Cedarhurst St.

Brooksville, FL 34613

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This corporation is organized for the purpose of transacting any and all lawful business for which corporations

may be incorporated under Chapter 607, Florida Statutes, as now exists or may after be amended.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

Name and Title: Ingrid E Throgmartin President

Name and Title: \_\_\_\_\_

Address 7359 Cedarhurst St.

Address: \_\_\_\_\_

Brooksville, FL 34613

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 SECT. OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Ingrid E Throgmartin  
 Address: 7359 Cedarhurst St.  
Brooksville, FL 34613

**ARTICLE VII INCORPORATOR**

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

Name: Ingrid E Throgmartin  
 Address: 7359 Cedarhurst St.  
Brooksville, FL 34613

**ARTICLE VIII EFFECTIVE DATE:** 08\01\2016

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*

*Ingrid Throgmartin* 7/12/16  
 Required Signature/Registered Agent 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.*

*Ingrid Throgmartin* 7/12/16  
 Required Signature/Incorporator Date