P18000032199

| (Re | equestor's Name) | | | | |
|---|------------------------|-----------|--|--|--|
| (Ac | idress) | | | | |
| (Ac | ldress) | | | | |
| (Cir | ty/State/Zip/Phone | » #) | | | |
| PICK-UP | ☐ WAIT | MAIL MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
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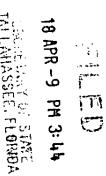
Office Use Only

N. SAMS APR 1 0 2018



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FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2018 APR -9 PM 12: 38

SEVISION OF COMPORATIONS BUREAU OF COMMERCIAL INFORMATION SERVICES

March 28, 2018

TALMON E. DAVIS 172 CREPE MYRTLE DR. GROVELAND, FL 34736

SUBJECT: T-JO MANAGEMENT CORP.

Ref. Number: W18000029731

We have received your document for T-JO MANAGEMENT CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is.

L15000016177

Please return 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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 518A00006206

18 APR -9 PM 3: 44

COVER LETTER

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

| SUBJECT: TA | LJO MAN AGEMENT | CORP | |
|------------------------|--|--|-------------------------|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an o | original and one (1) copy of the ar | ticles of incorporation and | a check for: |
| ☐ \$70.00 Filing Fe | 0 ■ \$78.75 e Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | & Certificate of Status |
| FROM: | Talmon E. Davis | e (Printed or typed) | |
| | 172 Crepe Myrtle Dr. | o (i viiilod oi typod) | |
| ~ | | Address | |
| • | Groveland , FL 34736 | | |
| ~ | City, | State & Zip | · <u> </u> |
| 4 | 407-832-3751 | | |
| | Daytime T | elephone number | |

624moose@gmail.com

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

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

ARTICLES OF INCORPORATION

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

| CLE II PRIN | ICIPAL OFFICE Principal street address | | Mailing address, if different is: |
|---|--|--|---|
| repe Myrtle Dr. | | | |
| land FL 34736 | | | |
| CLE III PURI | the corporation is organized is: | and All Lawful Business | 3 |
| | | | 7 0 |
| | | | APR -9 |
| | | | SECTION 3: |
| | | | <u> </u> |
| CLE IV SHALL mber of shares of | | | DA. |
| mber of shares of the state of | f stock is: | Name and Title | :VP, BD John Sellmeyer |
| mber of shares o | f stock is: AL OFFICERS AND/OR DIRECTO P. RD Reverly I. Davis | | VP. BD John Sellmever |
| The V INIT | f stock is: AL OFFICERS AND/OR DIRECTO P, BD Beverly J. Davis 172 Crepe Myrtle Dr. Groveland, FL 34736 S. BD John T. Davis | Name and Title | VP, BD John Sellmeyer 36 Orchard D2. Old Bridge, NJ 08857 |
| mber of shares of the state of | f stock is: AL OFFICERS AND/OR DIRECTO le: P, BD Beverly J. Davis 172 Crepe Myrtle Dr. Groveland, FL 34736 e: S, BD John T. Davis | Name and Title | VP, BD John Sellmeyer 36 Orchard D2 |
| mber of shares of the V INIT. Name and Tit Address Name and Titl | f stock is: AL OFFICERS AND/OR DIRECTO le: P, BD Beverly J. Davis 172 Crepe Myrtle Dr. Groveland, FL 34736 e: S, BD John T. Davis | Name and Title Address: Name and Title | VP, BD John Sellmeyer 36 Orchard D2. Old Bridge, NJ 08857 |
| Mer of shares of the V INIT Name and Tite Address Name and Tite Address | f stock is: AL OFFICERS AND/OR DIRECTO le: P, BD Beverly J. Davis 172 Crepe Myrtle Dr. Groveland, FL 34736 e: S, BD John T. Davis 5598 Nepsa Way | Name and Title Address: Name and Title Address: | VP, BD John Sellmeyer 36 Orchard D2. Old Bridge, NJ 08857 |

| Manife an | iu i ide | 14attie and 1 tite, | |
|---------------------------------------|--|--|--|
| Addres | s | Address: | |
| ARTICLE VI | REGISTERED AGENT | | Name of the latest the latest terms of the lat |
| The <u>name and F</u> Name: | <u>Norida street address</u> (P.O. Box NOT accept Beverly J. Davis | ble) of the registered agent is: | |
| Address: | 172 Crepe Myrtle Drive | Zh. | 18 |
| 7 1441 0351 | Groveland, FL 34736 | | APR. |
| ARTIÇLE VII | <u>INCORPORATOR</u> | ASSEE. | 9 PH 3: 14 |
| The <u>name and a</u> | ddress of the Incorporator is: | # E | ين بن |
| Name: | Talmon Davis | | |
| Address: | 172 Crepe Myrtle Drive | | * |
| | Groveland, FL 34736 | | |
| Effective date, i | EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and | . (OPTIONAL) | 0 days after the |
| | e inserted in this block does not meet the app effective date on the Department of State's re | | e will not be listed |
| Having been na this certificate, l | med as registered agent to accept service of I am familiar with and accept the appointmen | rocess for the above stated corporation at a as registered agent and agree to act in this | the place designate capacity |
| fo. | weel (Donia) | 03/20 | 0/2018 |
| | Required Signature/Registered Age | nt | Date |
| I submit this do document to the | cument and affirm that the facts stated here Department of State constitutes a third degre | in are true. I am aware that the false infor e felony as provided for in s.817.155, F.S. | rmation submitted |
| $)$ \angle | | | 20/2018 |
| Dage | ured Signature/Incomorator | | Date |