

PI8000058726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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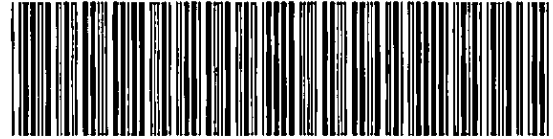
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JUL -2 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 05 2018
C Kinsey

COVER LETTER

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

SUBJECT: Total Wiring Solutions 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: Jerry Mark Clementi
Name (Printed or typed)

18311 Highwoods Preserve Pkwy Unit 5105
Address

Tampa Florida 33647
City, State & Zip

313.283.0381
Daytime Telephone number

jerry_clementi@yahoo.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: Total Wiring Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18311 Highwoods Preserve Pkwy unit 5105

Tampa Fla. 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: installing structured low voltage wiring

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jerry M. Clementi President

Name and Title:

Address 18311 Highwoods Preserve Pkwy

Address:

Unit 5105

Tampa Fla. 33647

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: Jerry M. Clementi
Address: 18311 Highwoods Preserve Pkwy Unit 5105
Tampa Fla. 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jerry M. Clementi
Address: 18311 Highwoods Preserve Pkwy Unit 5
Tampa, Fla. 33647

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 days prior or 90 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

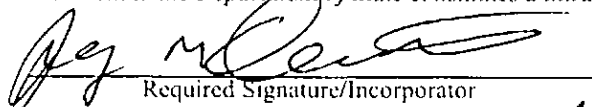


Required Signature/Registered Agent

06/27/18

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
JERRY M. CLEMENTI

06/27/18

Date