

P180000064086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

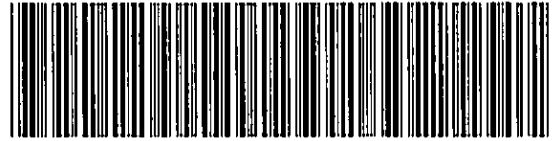
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SECRETARY OF STATE
DIVISION OF CORPORATION
18 JUL 18 PM 3:32
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: TRUE CORP

(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: ANDREW M. REED

Name (Printed or typed)

1611 HARDEN BLVD.

Address

LAKELAND, FL 33811

City, State & Zip

(863) 687-1771

Daytime Telephone number

andy@polklawyer.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: TRUE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
4000 NORTH FRONTAGE ROAD

PLANT CITY, FL 33565

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL PURPOSES.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ISSAC J. TURPIN, PRESIDENT

Address: 4000 NORTH FRONTAGE ROAD
PLANT CITY, FL 33565

Name and Title: MARK R. LEVER, VICE PRESIDENT

Address: 4000 NORTH FRONTAGE ROAD
PLANT CITY, FL 33565

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUL 18 PM 3:33
TALLAHASSEE, FLORIDA

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: FRANK CASTIGLIONE **(B)**
Address: 4000 NORTH FRONTAGE ROAD
PLANT CITY, FL 33565

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANDREW M. REED
Address: 1611 HARDEN BLVD.
LAKELAND, FL 33803

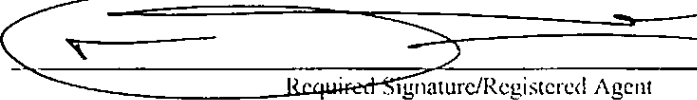
ARTICLE VIII EFFECTIVE DATE:

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

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

STATE DEPT. OF STATE
DIVISION OF CORPORATION
DATE
18 JUL 18 PM 3:33
TALLAHASSEE, FLORIDA