

PI9000073413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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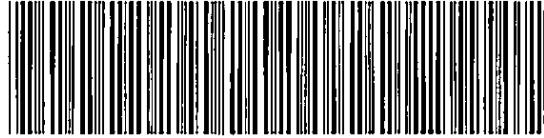
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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09/26/19--01005--018 **87.50

19 SEP 26 PM 1:01

STATE CLERK OF COURT
TALLAHASSEE, FL 32301

2019 SEP 26 PM 1:18

FILED

I, STEVE SKIPPER will not reinstate
T.S Builders

Document number KL07928.

And will file a new filing with the same name.

Steve Skipper

SIGN NAME

9/26/19

DATE

COVER LETTER

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

SUBJECT: T.S. Builders 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

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: STEPHEN B. SKIPPER
Name (Printed or typed)

521 CHAE CHASON Rd.
Address

Quincy FL 32302
City, State & Zip

850-590-8996
Daytime Telephone number

STEVE TSB@Hotmail.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: T.S. Builders Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

521 CHAF CHASON Rd
Quincy FL 32352

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction of
3 story or less Bldg.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEVE SKIPPER Name and Title: _____

Address: PRES. Address: _____

521 CHAF CHASON Rd
Quincy FL 32352

Name and Title: LARRY BODISON SEC. Name and Title: _____

Address: 334th STREET S.E. Address: _____

HAVANA FL 32333

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: STEVE SKIPPER
Address: 521 CHAF CHASON Rd.
QUINCY FL 32352

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: STEVE SKIPPER
Address: 521 CHAF CHASON Rd
QUINCY FL 32352

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/26/2019 (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

STEVE SKIPPER
Required Signature/Registered Agent

9/26/2019
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.

Steve Skipper
Required Signature/Incorporator

9/26/2019
Date