

P20000009913
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000040007 3)))



H200000400073ABCN

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381
From: Account Name : HOLLAND & KNIGHT
Account Number : 07535000340
Phone : (407)425-8500
Fax Number : (407)244-5288

Please give ORIGINAL
submission date of
2/4/2020
Thank you

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Bccomer@stites.com

FLORIDA PROFIT/NON PROFIT CORPORATION
TOSPT Holdings, Inc.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$78.75 |

FILED
20 FEB -4 PM 4:51
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE
FEB 05 2020

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: TOSPT Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6438 Heartland Circle

Tallahassee, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Holding company and any purpose permitted under Florida corporation law.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kent Knisley, Pres./Sec./Treas./Dir. Name and Title: _____

Address 6438 Heartland Circle Address: _____

Tallahassee, FL 32312 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
20 FEB -11 PM 4:51
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: Kent Enisley
Address: 6138 Heartland Circle
Tallahassee, FL 32312

FILED
20 FEB -4 PM 4:51
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Paul J. Weik, Esquire
Address: Tycker Arensberg, P.C., 1500 One PPG Place
Pittsburgh, PA 15222

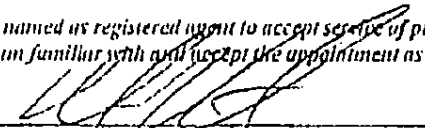
ARTICLE VIII EFFECTIVE DATE:

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.

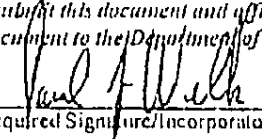
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

2/4/2020
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

2/4/20
Date