

7/24/23 5:50 PM

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : DOSSANTOS AND MACHADO, LLC
Account Number : I20140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

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

Email Address: INFO@GFSTAXACCT.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
T GENERAL SERVICES INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H230002578303

COVER LETTER

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

SUBJECT: T GENERAL SERVICES 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: GILVAM F DOS SANTOS
Name (Printed or typed)

11764 W SAMPLE RD STE 102
Address

CORAL SPRINGS, FL 33065
City, State & Zip

754-301-2128
Daytime Telephone number

INFO@GFSTAXACCT.COM
E-mail address: (to be used for future annual report notification)

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

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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 GENERAL SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
4900 NW 4TH TER
DEERFIELD BEACH, FL 33064

Mailing address, if different
is: 4900 NW 4TH TER
DEERFIELD BEACH, FL 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PEDRO TOLEDO - PRESIDENT

Name and Title: _____

Address: 4900 NW 4TH TER

Address: _____

DEERFIELD BEACH, FL 33064

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
FALLAH ASSOCIATES, P.A.

4230002578303

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: PEDRO TOLEDO
 Address: 4900 NW 4TH TER
DEERFIELD BEACH, FL 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PEDRO TOLEDO
 Address: 4900 NW 4TH TER
DEERFIELD BEACH, FL 33064

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

Pedro Santa Toledo _____ Date _____
 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

oe s. r. _____ Date 7/21/23
 Required Signature/Incorporator