

P96000017477

TRANSMITTAL LETTER

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

100001715461
-02/15/96--01030--015
****131.25 ****131.25

T.C.O.B

SUBJECT: J & S Associates Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Jo Ann Muzio

Name (printed or typed)

1601 Gulf Road

Address

Tarpon Springs, Florida 34689

City, State & Zip

(813) 934-8666

Daytime Telephone number

TALLAHASSEE, FLORIDA

50 FEB 26 PM 2:54

FILED

ee502

W96-3742

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

FEB 26 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 19, 1996

JO ANN MUZIO
1601 GULF RD.
TARPON SPRINGS, FL 34689

SUBJECT: J & S ASSOCIATES, INC.
Ref. Number: W96000003742

We have received your document for J & S ASSOCIATES, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Sandy Ng
Document Specialist

Letter Number: 496A00007198

2-22-96

sirs: as per "Bobbi" the following name should be available.
"T.C.O.B. ASSOCIATES, INC."

Please process, thanks!

ARTICLES OF INCORPORATION

FILED

96 FEB 26 PM 2:54

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

T.C.O.B. Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

39650 US 19 North # 262

Tarpon Springs, Florida 34689

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 / One Hundred Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jo Ann Muzio

1601 Gulf Road

Tarpon Springs, Florida 34689

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Jo Ann Muzio

1601 Gulf Drive

Tarpon Springs, Florida 34689

H. Stanley Parker

39650 US 19 North # 262

Tarpon Springs, Florida 34689

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

18 day of JAN, 19 96.



Signature



Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: T.C.O.B. Associates, Inc.

2. The name and address of the registered agent and office is:

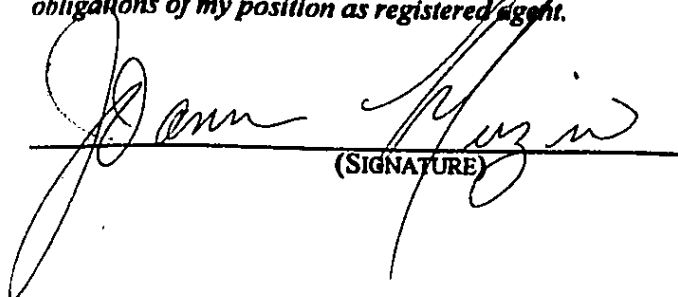
Jo Ann Muzio
(NAME)

1601 Gulf Road
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tarpon Springs, Florida 34689
(CITY/STATE/ZIP)

FILED
26 FEB 26 PM 2:55
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

1-18-94
(DATE)