## 1970 TRANSMITHAL LETTER 7438

October 21, 1997

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

97 NOV IL PH 3: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:	T. F. PUMP REPAIR, INC.
DODOLO X.	 A. F. I CIVII MELANIC, 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

 $_{\rm XX}$ 

\$78.75 Filing Fee & Certificate

....

) -10/27/97--01075--008 \*\*\*\*\*78.75 \*\*\*\*\*78.75

\$122.50 Filing Fee & Certified Copy

\$131.25 Filing Fee, Certified Copy & Certificate

TIM FARLEY

Name(Printed or Typed)

329 MARTIN AVE

Address

GREENACRÉS, FLORIDA 33463

City, State & Zip

(561) 642-8964

Daytime Telephone Number

Nov. 3<sup>rd</sup> -) Kelocating

M-1/14/97-5

24508, 4M-10/28/17



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 28, 1997

TIM FARLEY 329 MARTIN AVE GREENACRES, FL 33463

SUBJECT: T.F. PUMP REPAIR, INC.

Ref. Number: W97000024508

We have received your document for T.F. PUMP REPAIR, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

We are enclosing the proper form(s) with instructions for your convenience.

The attached form must be completed in order to file the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of 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 (850) 487-6926.

Tracy Meyer Document Specialist

Letter Number: 597A00052404

## TRANSMITTAL LETTER

Department of State

Division of Corporations  D. O. Down 6227	3		·
P. O. Box 6327 Tallahassee, FL 32314		-	
SUBJECT:	T. F. Pum.	D TOC. Siporate name - must include	suffix)
Enclosed is an original a	nd one(1) copy of the articles	s of incorporation and a ch	neck for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate Already Sent	□\$122.50 Filing Fee & Certified Copy  ADDITIONAL COP	\$131.25 Filing Fee, Certified Copy & Certificate  PY REQUIRED
FROM:	Tim Farley Name (Pr	inted or typed)	<del></del>
_	1836 7th A	Ave North	<del></del> .
	Lake Worth City,	FL 3344	,
	(561) 588-15 Daytime Te	SOT elephone number	<del> </del>
		m	ud.11/14/97

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



## ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

T. F. Pump Repair, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1836-7 Avenue North Lake Worth, FL 33461

ARTICLE III SHARES

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

100 Shares

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Tim Faitley 329 martin Ave Greenacres, FL 33463

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Tim Farley 329 Martin Ave Greenacres, FL 33463

Article VI Effective DAte

The effective date of Incorporation shall be January 1,1998.

(An additional article must be added if an effective date is requested.)

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/Registered Agent

NOV 10, 1997