

P98000096594
TRANSMITTAL LETTER

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

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-11/12/98--01045--018
****131.25 *****87.50

Tossas Obbligatos Trading Establishment, Inc.

SUBJECT: _____
(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: _____
Name (Printed or typed)

_____ **P.O. Box 2580** _____
Address

_____ **Santa Rosa Beach, FL 32459** _____
City, State & Zip

_____ **(850) 267-1331 ext. 11** _____
Daytime Telephone number

98 NOV 12 AM 11:39
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

FILED
98 NOV 12 AM 11:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

Tossas Obligatos Trading Establishment, Inc.

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

3422 Hwy. 98 W. #7
Santa Rosa Beach, Fl 32459

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

100

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

Lisa Savage Smith
1120 Rock Hill Road
DeFuniak Springs, Fl 32433

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

Lisa Savage Smith - President owns all 100 shares
1120 Rock Hill Road
DeFuniak Springs, FL 32433

Signature/Incorporator

Date _____

(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

Date _____