

P12000098641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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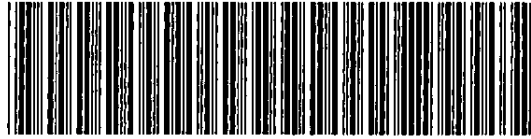
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/30/12--01012--006 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
12/3/12

COVER LETTER

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

SUBJECT: T Square Property Management 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Patricia West
Name (Printed or typed)

4185 Turtle Mound Road
Address

Melbourne, FL 32934
City, State & Zip

772-321-6560
Daytime Telephone number

TSquarePM@aol.com
E-mail address: (to be used for future annual report notification)

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

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 Square Property Management Services, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
4185 turtle Mound Road
Melbourne, FL 32934

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Professional Corporation - Property Management**

ARTICLE IV SHARES

The number of shares of stock is: **100 Shares**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia West, President

Address: 4185 Turtle Mound Road
Melbourne, FL 32934

Name and Title: Todd West, Vice President

Address: 4185 Turtle Mound Road
Melbourne, FL 32934

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Patricia West, President

Address: 4185 Turtle Mound Road
Melbourne, FL 32934

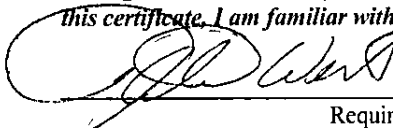
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patricia West

Address: 4185 Turtle Mound Road
Melbourne, FL 32934

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

11/27/12

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

11/27/12

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA