

P04000011639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

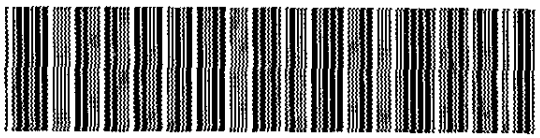
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JAN -9 AM 11:42

TRANSMITTAL LETTER

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

SUBJECT: Troika Studio, 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: Michael Birchall
Name (Printed or typed)

80 Markland Place, Suite C.
Address

St. Augustine, FL 32084
City, State & Zip

(904) 827-1312
Daytime Telephone number

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:

Troika Studio, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

80 Markland Place, Suite C

St. Augustine, FL 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Graphic Design Services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Michael Birchall, President

724 Queen Road

St. Augustine, FL 32086

Seth Ferreira, Vice President

42 Cincinnati Ave., Apt C

St. Augustine, FL 32084

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Mark E. Simpson

1306 San Jose Road

St. Augustine, FL 32086


ARTICLE VII INCORPORATOR

Michael Birchall

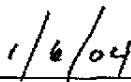
724 Queen Road

St. Augustine, FL 32086

.....
Having been named as registered agent to accept service of process for the above stated corporations 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



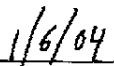
Signature/Registered Agent



Date



Signature/Incorporator



Date

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