POHOO 135337

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(В	usiness Entity Nam	e)
(D	ocument Number)	
Certified Coples	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Anh	



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MON SEP 28 P 2: 2:
SECRETARY OF STATE

TRANSMITTAL LETTER

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

SUBJECT: _ <u>>\</u>	(PROPOSED CORPORATE	NG INC	
	(PROPOSED CORPORATE	E NAME – MUST INCLUD	E SUFFIX}
Enclosed is an origin	nal and one(1) copy of the artic	cles of incorporation and a	check for:
J			
□ \$70.00	378.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
		· ·	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
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		FROM:	
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	SILVERINE	Printed or typed)	
	Name (runted or typed)	
		OU A NA	
	6433 S, D	OLPHIN DR. Address	
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	r a	~	21012/
	FLORAL C	Try FLORIDA , State & Zip	21476
	- City	, Stafe & Zip	
	202 (.22 - 1/	10	

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

Daytime Telephone number

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: TEUCKING INC SILVERINES ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6433 DOLPHIN S٠ CITY, FLORIDA FLORAL ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Business STARTING New SHARES ARTICLE IV The number of shares of stock is: IDO ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): ROWE SILVERINE DOLPHIN DR FLORAL CITY, FLORIDA 34436 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: RITA Weckesser Melbourne N Beverly INCORPORATOR The name and address of the Incorporator is: SILVERINE DOCPHING FL 3V 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 Signature/Registered Agent

Signature/Incorporator