

PS000139360



500060148445

10/12/05--01027--006 \*\*87.50

FILED

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 OCT 12 P 3:07

DIVISION OF REGISTRATION

05 OCT 12 AM 11:28

10-13-05  
WC

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

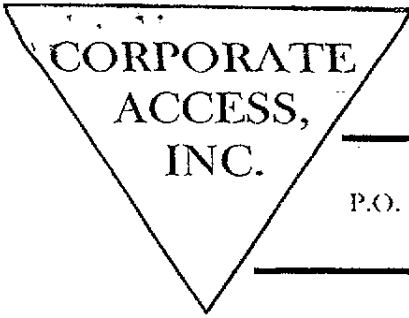
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



"When you need ACCESS to the world"

236 East 6th Avenue Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

10/12/05

CERTIFIED COPY

PHOTOCOPY

CUS

FILING

53  
Articles

1. Tripodi Investments, Inc  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF INCORPORATION**  
**OF**  
**TRIPODI INVESTMENTS, INC.**

The undersigned incorporation, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:

**ARTICLE I**

Name

The name of this corporation is TRIPODI INVESTMENTS, INC.

**ARTICLE II**

Address

The principal place of business and mailing address of the Corporation is 10105 Wild Quail Drive, Port St. Lucie, Florida 34986.

**ARTICLE III**

Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is One Thousand (1,000) shares, having no par value.

**ARTICLE IV**

Initial Registered Agent and Address

The name and address of the initial registered agent is:

Max Tripodi  
10105 Wild Quail Drive  
Port St. Lucie, Florida 34986

**ARTICLE V**

Incorporator

The name and address of the incorporator for this corporation is Max Tripodi, 10105 Wild Quail Drive, Port St. Lucie, Florida 34986.

\_\_\_\_\_  
Max Tripodi

Dated: \_\_\_\_\_

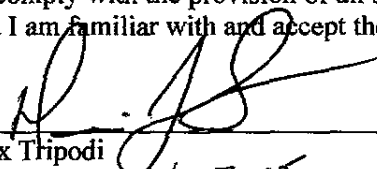
10-7-05

2005 OCT 12 P 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certification, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision 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

  
\_\_\_\_\_  
Max Tripodi

Dated: 10-7-05