(SAMPLE LETTER OF TRANSMITTAL)

P98000 Florida Department of State

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

2000	0242	2042	2E
	12/05/98-		
*	***122.5		122.50

Re: TRINETTES COPP , Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

98 FEB -5 CORPOR STATE
(Individual's Name) S

TRINETTES CORP. INC.
(Name of Corporation)

MAILING ADDRESS OF CORPORATION —

213 Elderwood Street

PD Bof 0537

Lingwood, FL 32752

PHONE

(407) 526 1129

Area Code Number Ext.

M .98

ARTICLES OF INCORPORATION

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is: ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share. ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS FLORIDA Mailing address, if different STREET ADDRESS CITY FLORIDA ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT The street address of the initial registered office and the name of the initial registered agent at the office is: NAME 3 Elderwood **ADDRESS FLORIDA**

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have(either increased or diminished from time to time by the By- addresses of the initial director(s) of the corporation are as f	Laws, but shall never be less that	ne number of directors may be n one (1). The names and
NAME Phianette Viera		
ADDRESS 213 Elderwood St Winter S	Rings 32708	
CITY P.O Box 0537 Longwood	STATE FL	^{ZIP} 32752
NAME HERMINIA RAMOS		
ADDRESS 505 EVERG-GOOD		
CITY Winter Springs	STATE FL	ZIP 32-708
NAME ELVA Rivera		
ADDRESS 505 EVERGIER AV	16	
CITY Winter Springs	STATE FL	ZIP 30708
• /	I - INCORPORATORS	
The names and addresses of the incorporators signing these		follows:
NAME Rhonette Viera		
	iter Springs Fl	32708
CITY PO BOX 0537 Longwood		ZIP 32752
NAME HErminia Ramos		
	nue,	
CITY Winter Springs	STATE FL	ZIP ZIP
NAME ELVA RIVERA	•	
ADDRESS 505 EVERGreen Au	4,	
CITY Winter Springs	STATE FL	ZIP 32708
The undersigned incorporator(s) have executed these	Articles of Incorporation this	
day of February		
		
	Rhienette Viera	(Signature)
	ASS	(Signature)
	Harmin Jam	(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

		SECRETARY OF CORP. 98 FEB -5 PM
TRINETTES - CORP (name of corporation)	INC.	FSTATL PORATIONS

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

as indicated							_
at 2/3	\mathcal{E}	Iderw	ood_	5:41.64	2.f		<u> </u>
Pn.	Box	0537	Long	inacel	FL.	32752	L
has named	7-7	ignett		jera	·		
nas named _		July 1	<u> </u>	1400			

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

Manetter Signature)

February 2 1998

(Date)