TRANSMITTAL LETTER

POSSIBLE POS

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

SUBJECT:	IN/MAN ASA	Cre-				
(Proposed corporate name - must include suffix)						
		90	00003112 -01/27/000 ****129.00	7095 1051001 *****78.75		
Enclosed is an origin	nal and one(1) copy of the article	s of incorporation and a c	check for :	_		
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM;	MAUIS W. Name (Pr	Local sinted or typed)				
	1109 W. Tha	De # 7.				
	Tallahassee City, S	#/- 30 tate & Zip	SECRETARY ALLAHASSEE	APPRO FILE 00 JAN 27		
	Daytime Tel	3-4030 lephone number	OF STATE , FLORIDA	AM IO: 43		

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME			
The name of the corporation shall be:	Tin Tonne	175A	The

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1109 W. That pe # 13

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

The name and Florida street address of the initial registered agent are:

700 COUNTY (10b # 34

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

100 COUNTY (10b # 34

100 COUNTY (10b #

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

Date