TRANSMITTAL LETTER

Department of State

Division of Corporation	ons		200	7
P. O. Box 6327	1.4			
Tallahassee, FL 3231	NEW TRADITA (Proposed corpor	TOUS TTUC, ate name - must include suff	ix)	31 111 8:26
		8	000021165 -01/31/0001 *****87.50	938 <u>-</u> : 135019 *****87.5
Enclosed is an origina	al and one(1) copy of the articles	of incorporation and a c	heck for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:	NEW TRA Name (Pr	D/ <u>T/OUS</u> inted or typed)	UC:	
	7239 LIHLE RD. Address			
	NEW PORT City,			-
	727- 85 Daytime To	9. 6599 (7)	127)859-05	799

S. Thompson FEB 0 4 2000

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

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:	S 2
NEW TRADITIONS INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:	
NEW PORT RICKEY FL. 34654	26
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at	any one time is:
100	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADD	RESS
The name and Florida street address of the initial registered agent are:	
FRANCES T. ACHNITZ	
PALM HARBOR FL. 34685	
A PROPERTY OF THE PRICADE PORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	- , -
FRANCES T. ACHNITZ	•
PALM HARBOR FL. 34685	1/26/2000
Marce) achut	1/26/2000
Signature/Incorporator	Daté

(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/