TRANSMITTAL LETTER

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

SUBJECT: TOTA	L AWARENESS CONNECTION,	INC. ate name - must include suf	fix)	
,		400	000315210 -02/29/0001085 *****87.50 ***	
Enclosed is an origina \$70.00 Filing Fee	I and one(1) copy of the articles □ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	2710 10TH ST. N.	rinted or typed) Address	T _{AS} 0	
	ST. PETERSBURG, FL 33704 City, State & Zip (727) 522-4122 Daytime Telephone number		OOFEB 29 PM 4: 22 SECRETARY OF STATE ALLAHASSEE, FUORIDA	T

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

937

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: TOTAL AWARENESS CONNECTION, INC.

ARTICLE II PRINCIPAL OFFICE

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

PRINCIPAL PLACE OF BUSINESS: 4570 49TH AVE. N., ST. PETERSBURG, FL 33714 MAILING ADDRESS: P. O. BOX 60357, ST. PETERSBURG, FL 33784-0357

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 ADDRESS

The name and Florida street address of the initial registered agent are: CONNIE L. CARBERRY

2710 10TH ST. N

ST. PETERSBURG, FF 33004

ARTICLE V INCORPORATOR

CONNIE L. CARBERRY

2710 10TH ST. N.

ST. PETERSBURG, FL 33704

(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

Signature/Incorporator

Date