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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 200003159142--1 -03/06/00--01141--015 ******78.75 ******78.75

SUBJECT:	TRIER	ASSOCIATES	INC.		
	(Pro	posed corporate	name - must include su	ıffix)	
		4			
· ·	n original a	nd one (1) cop	y of the articles of	incorporation ar	id a check
for:	0.00	x \$78.75	\$122.50	\$131.25	••
Filing	9	Filing Fee	Filing Fee	Filing Fee,	e geree '
J		& Certificate	& Certified Copy	Certified Copy & Certificate	
			,		
	FROM:	MIRIAM R.	GOLDIN		
			(printed or typed)		
		PMB 231	5030 CHAMPION	BLVD. #G-6	
		1110 201	Address		
		BOCA RATO	N, FL 33496		
		C	ity, State & Zip		
		561-995-7	211		

S. Thompson MAR 1 3 2000

Daytime Telephone number

ARTICLES OF INCORPORATION

The undersigned incorporator(s), 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 the corporation shall be: TRIER_ASSOCIATES INC.



ARTICLE II PRINCIPAL OFFICE

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

1540 Shorelands Drive East Vero Beach, FL 32963

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Miriam R. Goldin 5106C Lake Catalina Drive Boca Raton, FL 33496

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Miriam R. Goldin 5106 C Lake Catalina Drive Boca Raton, FL 33496

undersigned	incorporator(s) has(have) execute	ed these Articles of Incorporation
2nd	day of	February	, 1 /9 x2000 .
7		Signature	······································
<u></u>		Signature	
·		Signature	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name	e of the corporation is: TRIER ASSOCIATES INC.	
2. The name	and address of the registered agent and office is:	OO HAR -6
	MIRIAM R. GOLDIN	SEC E
•	(Name)	8: 26 F-STAT
	5106C Lake Catalina Drive	ROLL IN
•	(P.O. Box not acceptable)	_ *
	Boca Raton, FL 33496	
•	(City/State/Zip)	
Having been above stated the appointm to comply win mance of my as registered	named as registered agent and to accept service of production at the place designated in this certificate, I have a registered agent and agree to act in this capacity, the provisions of all statutes relating to the proper and duties, and I am familiar with and accept the obligations agent.	cess for the hereby accept I further agree complete perfor- of my position

(Date)