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TRANSMITTAL LETTER

FILED
00 JUN -1 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: AT Fund Incorporated.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100003274051--5
-06/01/00--01081--012
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: THOMAS A FRACASSE
Name (Printed or typed)

16006 GRASS LAKE DR
Address

TAMPA FL 33618
City, State & Zip

813-264-7150 or 813-624-5789
Daytime Telephone number

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

6-9
WPC

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

AT Fund Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

16006 Grass Lake Dr.
Tampa FL 33618

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Conduct Any Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Thomas FRACASSE
Amy FRACASSE

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Amy FRACASSE
16006 Grass Lake Dr
Tampa FL 33618

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas A FRACASSE
16006 Grass Lake Dr
Tampa FL 33618

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Amy Fracasse
Signature/Registered Agent

5/30/00
Date

Thomas A Fracasse
Signature/Incorporator

5-30-00
Date