P000071201

TRANSMITTAL LETTER

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

SUBJECT: TRENCHRAT.COM, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: ROBIN BAILEY
Name (Printed or typed)

600003335806--4
-07/25/00--01096--002
*****87.50 *****87.50

49 BISHOPSCOURT RD.
Address

OSPREY FL 34229
City, State & Zip

941-966-7450
Daytime Telephone number

7/27

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

00 JUL 25 PM 2:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: TRENCHRAT.com, INC

FILED
00 JUL 25 PM 2:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 49 BISHOPSCOURT RD.
OSPREY FL 34229

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is: ROBIN BAILEY
49 BISHOPSCOURT RD
OSPREY FL 34229

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is: ROBIN BAILEY
49 BISHOPSCOURT RD
OSPREY FL 34229

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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

Robin Bailey
Signature/Registered Agent

7-26-00
Date

Robin Bailey
Signature/Incorporator

7-26-00
Date