

P000000076131

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

500003347505--9
-08/07/00--01099--007
*****70.00 *****70.00

SUBJECT: Troventure, Inc.
(Proposed corporate name -- must include suffix)

Enclosed is an original and (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: William Schacht
Name (Printed or Typed)

3501 W. Vine Street #269
Address

Kissimmee, FL 34741
City, State & Zip

(407) 944-4310
Daytime Telephone number

FILED
00 AUG -7 AM 9:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

T. BROWN AUG 11 2000

ARTICLES OF INCORPORATION
(FLORIDA)

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: **Troventure, Inc.**

ARTICLE II - Principle Office

The principal place of business and mailing address of this corporation shall be: **438 Virginia Avenue, St. Cloud, FL 34769**

ARTICLE III - Shares

The number of shares that this corporation is authorized to have outstanding at any one time is: **1,000,000**

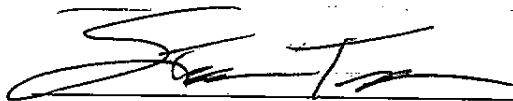
ARTICLE IV - Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent is: **Holly Trover, 438 Virginia Avenue, St. Cloud, FL 34769**

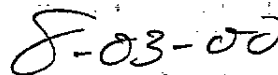
ARTICLE V - Incorporator

The name and address of the incorporator to these Articles of Incorporation are: **Steve Trover, 438 Virginia Avenue, St. Cloud, FL 34769**

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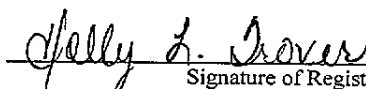


Signature of Incorporator

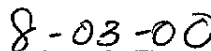


Date

Having 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 of Registered Agent



Date