POIOOOOAII 24 TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for: **2** \$78.75 **□** \$78.75 ■ \$87.50 \$70.00 Filing Fee Filing Fee, Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED Jeff GREENE

Name (Printed or typed) FROM: 3894 Circle Lake DR. West Palin Bch FL 33417
City, State & Zip S61-795-5155

Daytime Telephone number

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

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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:	TAS C
NECKSHOT INC.	FEB SECRE
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 9896 SOUTHERN BLVD	26 PH 26 PH 1ARY OF ASSEE, F
West Palm Bch FL 33414 <u>ARTICLE III PURPOSE</u> The purpose for which the corporation is organized is:	3: 47 STATE LORIDA
Insurance Financial SERVICES	
ARTICLE IV SHARES The number of shares of stock is:	
100	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): PRES. JULIE S. GREENE VP. JEFF GREENE 3894 CIRCLE Lake DR 3894 CIRCLE Lake Dr WMS FL 33417 ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is:	
JEFF GREENE 3894 CIRCLE Lake Dr	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: Jeff GREENE 3894 CIRCLE Lake DR.	·
WRS PC 33417	
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	23/01
Signature/Registered Agent Date	
	2/01

Signature/Incorporator