

# Better Business Services, Ind.

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1515 East Memorial Blvd. Lakeland, Fl. 33801 (941) 682-0141

2/- /

(Date)

Office of the Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

500003892785--6 -03/22/01--01067--001 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

Enclosed please find our check # for \$ 78,74, the Articles of Incorporation for RMCK Associates Tree and our Pre Paid Aiborne Freight Bill.

Please return the Articles of Incorporation to me at this address as soon as possible.

Sincerely,

TOM DALEY

ACCOUNT REPRESENTATIVE

CB321

# ARTICLES OF INCORPORATION

THE STATE OF Florida COUNTY OF MARION

KNOW ALL MEN BY THESE PRESENTS :

That the undersigned, natural person(s) of the age of at least eighteen (18) years, acting as Incorporator(s) of a Corporation under the Florida Business Corporation Act, do hereby adopt the following Articles of Incorporation for such Corporation, to wit:

#### ARTICLE I

The name of this corporation is TRIMEX\_ASSOCIATES INC

## ARTICLE II

The period of duration of this corporation shall be perpetual.

#### ARTICLE III

The purposes for which this Corporation is organized include all legal purposes for which a Corporation may be organized in Florida.

## ARTICLE IV

The aggregate number of shares which the corporation shall have the authority to issue is 10,000 shares. The shares shall have a par value of \$ 1.00.

#### ARTICLE V

The Corporation will not commence business until it has received for the issuance of its shares consideration of the value of \$ 1,000.00.

# ARTICLE VI

The street address of the registered office, and principal office of the Corporation is 4273 Highway 40 W, Ocala Florida 34482and the name of the registered agent at said address is Miguel Cruz.

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

Registered Agent

OI MAR 22 PM 1:50
SECRETARY OF STATE

#### ARTICLE VII

The number of directors constituting the initial Board of Directors of this corporation is two and the name and address of the person(s) who is to serve as director(s) until the first annual meeting of the shareholders, or until their successors are elected and qualified, is as follows:

NAME

**ADDRESS** 

Miguel Cruz

2010 Ave D S W

Winter Haven, FL 33880

Jose T Zamarripa Jr

2010 Ave D S W

Winter Haven, FL 33880

The name and address of the incorporator(s) is as follows:

NAME

**ADDRESS** 

Miguel Cruz

2010 Ave D S W

Winter Haven, FL 33880

WITNESS OUR HANDS this the March 20, 2001

Miguel Crúz/

MR. DRIVERS LIS I D

Incorporator

Incorporator

THE STATE OF FLORIOR COUNTY OF POIR

Before me, the undersigned authority, on this day personally appeared Miguel Cruz, known to me to be the person(s) whose name(s) are subscribed to the foregoing instrument and, being by me first duly sworn severally declares that they are the person(s) who signed the foregoing document as incorporator(s) and that the statements contained therein are true.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this March -21, 2001

Cynic M. Rhodos Notary Public

m Rays

EUNICE M. RHODES Notary Public. State of Flonda My comm. expires Aug 8, 2002 No.CC758489