

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Inko, Inc

**FILED**  
01 JUL 11 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

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Name

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Time

Walk-In

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**J. BRYAN**

**JUL 11 2001**

ARTICLES OF INCORPORATION  
OF  
TRIKO, INC.

FILED  
01 JUL 11 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, 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 **TRIKO, INC.**

ARTICLE II  
PRINCIPAL OFFICE

The principal place of business and the mailing address of this corporation shall be 1408 SW 9<sup>th</sup> Street, Ft. Lauderdale, Florida 33301.

ARTICLE III  
SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Ten Thousand (10,000) shares.

ARTICLE IV  
INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the address of the initial registered agent is **Michelle Fava Capitano, Esquire, Michelle Fava Capitano, P.A., 1302 N. 19<sup>th</sup> Street, Suite 300, (P.O. Box 75141), Tampa, FL 33605 (33675)**

ARTICLE V  
DIRECTORS

This corporation shall have three directors initially. The number of directors may be increased or diminished from time to time according to the by-laws adopted by the stockholders.

The names and post office addresses of the members of the first board of directors are:

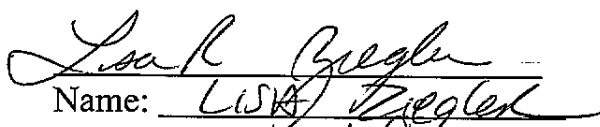

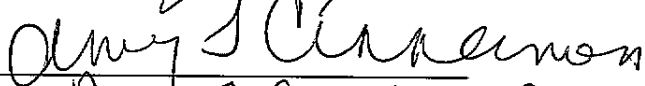
<u>NAME</u>	<u>OFFICE</u>	<u>ADDRESS</u>
Peter B. Cromwell, Jr.	President	1408 SW 9 <sup>th</sup> Street Ft. Lauderdale, FL 33312
Jenna R. Fava	Vice President/ Secretary	917 SE 2 <sup>nd</sup> Court Ft. Lauderdale, FL 33301
David T. Wilson	Vice President/ Treasurer	1476 Springside Drive Ft. Lauderdale, FL 33326

**ARTICLE VI**  
**INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is: **Peter B. Cromwell, Jr., 1408 SW 9<sup>th</sup> Street, Ft. Lauderdale, FL 33312.**

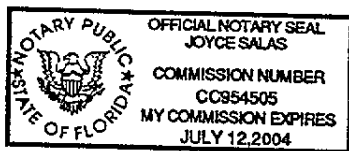
IN WITNESS WHEREOF, the undersigned has hereunto set their hands this 9<sup>th</sup> day of July, 2001

Signed, sealed and delivered in the presence of:

 Name: <u>Lisa Biegler</u>	 Peter B. Cromwell, Jr.
 Name: <u>Amy J Cinnamon</u>	

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this Ninth day of July, 2001, by Peter B. Cromwell, Jr., who is personally known to me or produced \_\_\_\_\_ For identification, and who did not take an oath.



Joyce Salas  
Notary Public

My Commission Expires: 7/12/2004

Joyce SALAS  
Print Name of Notary Public


CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: TRIKO, INC.
2. The name and address of the registered agent and office is:

Michelle Fava Capitano, Esquire  
Michelle Fava Capitano, P.A.  
1302 N. 19<sup>th</sup> Street, Suite 300  
Tampa, FL 33605

Having been 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.

  
Michelle Fava Capitano  
Registered Agent

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TALLAHASSEE, FLORIDA