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TRANSMITTAL LETTER  
FILED

01 SEP -4 AM 10:05

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

500004568655--2  
-09/04/01--01121--008  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: 100 Ways 2 Shop, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00       \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

\$78.75       \$87.50  
Filing Fee      Filing Fee,  
                    & Certified Copy      Certified Copy  
                    & Certificate of      & Certificate of  
                    Status      Status

**ADDITIONAL COPY REQUIRED**

Lisa A Troglan

FROM: \_\_\_\_\_

Name (Printed or typed)

532 Louvre Drive

Address

Melbourne, FL 32935

City, State & Zip

321-253-2223

Daytime Telephone number

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

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Daw  
9/10/01

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

100 Ways 2 Shop, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

532 Louvre Drive

Melbourne, FL 32935

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to do business in the State of Florida through retail and wholesale sales of consumer goods

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Lisa A Troglion 532 Louvre Drive, Melbourne, FL, 32935 President, Treasurer  
Secretary

Fred M Troglion 726 Cronin Avenue, Melbourne, FL, 32935 Vice President

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Lisa A Troglion

532 Louvre Drive

Melbourne, FL 32935

### ARTICLE VII INCORPORATOR

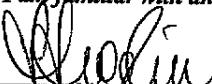
The name and address of the Incorporator is:

Lisa A Troglion

532 Louvre Drive

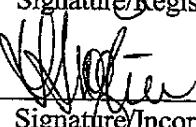
Melbourne, FL 32935

\*\*\*\*\*  
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



Signature Registered Agent LISA A. TROGLION

8-28-01  
Date



Signature Incorporator LISA A. TROGLION

8-28-01  
Date