TRANSMIPTAJETIK)/0247/

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

800904648248---7 -10/22/01--01063--017 *****87.50 ******

SUBJECT: TROPIC LINE, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed is an origina \$70.00 Filing Fee	al and one(1) copy of the article \$78.75 Filing Fee & Certificate of Status	s of incorporation and a \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	OI OCT 22 AM II: 31 SECRETARY OF STATE TALLAHASSEE, FLORIDA	FILED
FROM: TELMO TADEU C- LIMA Name (Printed or typed) 1705 S KIRKMAN Rd # 106					
Address Orlando, FL- 32811 City, State & Zip					
Daytime Telephone number					

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

13/23/01/

FILED

ARTICLES OF INCORPORATION

010CT22 AMII:31

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business SEE, FLORID Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

TROPIC LINE, Inc.

PRINCIPAL OFFICE ARTICLE II

The principal place of business and mailing address of this corporation shall be:

1705 S KIRKMAN RD. **ORLANDO, FL - 32811**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at one time is:

100 SHARES

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET

ADDRESS

The name and Florida street address of the initial registered agent are:

TELMO TADEU DE CASTRO LIMA 1705 S KIRKMAN RD. UNIT # 106 **ORLANDO**, FL – 32811

ARTICLE V

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

TELMO TADEU DE CASTRO LIMA 1705 S KIRKMAN RD. UNIT # 106 **ORLANDO**, FL – 32811

gature Incorporator

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 registerd 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.L

Signature Registered Agent

7-28-01 Date