PULLUNIMITALIETTER 63

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

10004687911--9 -11/19/01--01083--005 *****78.00 *****70.00

SUBJECT: ___

TRI_COUNTY PRO LIMITED, 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 Filing Fee

• \$78.75

Filing Fee

& Certificate of Status

• \$78.75

Filing Fee

• \$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

TRI COUNTY PRO LIMITED, INC.

Name (Printed or typed)

804 N. 22 ST.

Address

FORT PIERCE, FL 34950

City, State & Zip

561-748-9235

Daytime Telephone number

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

ARTICLES (In compliance w			(Profit)
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SECRETARY OF STATE TALLAHASSEE FLORIDA

The name of the corporation shall be:
TRI COUNTY PRO LIMITED, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

804 N. 22 ST. FORT PIERCE, FL 34950

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE INVESTMENT AND SIMILAR ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

MANUEL PEREZ 804 N. 22 ST. FORT PIERCE, FL 34950

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

MANUEL PEREZ 804 N. 22 ST. FORT PIERCE, FL 34950

		
Manuel Cercos	11-16-01	
Signature/Registered Agent	Date	
Manual Pores	11-16-01	
Signature/Incorporator	Date	