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

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		,	-01/18/02 *****87.50	
SUBJECT:	TROPICAL STORM (PROPOSED CORPORAT		UDE SUFFIX)	-
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation an	d a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:	MARLENE G. STACH	UM (Printed or typed)		-a
	4700 BARNA AVENU	E SUITE 603	TAG C	_
	Address LEG SAME TITUSVILLE, FLORIDA 32780		ے ک =و	
	TITUSVILLE, FLOR	IDA 32780 State & Zip	స్ట్ హ	
	City, a	State of Lip	L1)(ঘ

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

Daytime Telephone number

(321)269-0682

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

TROPICAL STORM INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4700 BARNA AVENUE SUITE 603 TITUSVILLE, FLORIDA 32780

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

TAXI, SHUTTLE AND LIMOUSINE SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1,000 @ \$ 0.10 PER SHARE PAR VALUE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

MARLENE G. STACHUM-DIRECTOR 4700 BARNA AVENUE SUITE 603 TITUSVILLE, FLORIDA, 32780

REGISTERED AGENT ARTICLE VI

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

MARLENE G. STACHUM 4700 BARNA AVENUE SUITE 603 TITUSVILLE, FLORIDA 32780

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

MARLENE G. STACHUM 4700 BARNA AVENUE SUITE 603 TITUSVILLE, FLORIDA 32780-

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

Signature/Incorporator

01- 15- 02