## POROCOCIOS/747

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

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SUBJECT:	TRUSTFULL INC. (PROPOSED CORPORAT	'E NAME – <u>MUST INCL</u> I	UDĘ SUFFIX)	<b>-</b>	
•	al and one(1) copy of the article	es of incorporation and a	<b>\$87.50</b>		
□ \$70.00 Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy  ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		o Agri
FROM	Ingerborg Hendricks Name (Printed or typed)  324 Kircaldy Dr.			02 MAR 18	T
	Winter Springs, Fl. 32708  City, State & Zip			PM 3: 21	LEO
	407-327-8536 Daytime T	elephone number	= . - ·		• •;

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

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ARTICLES OF INCORPORATION

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

<u>ARTICLE</u> I

The name of the corporation shall be:

TRUSTFULL INC.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

324 Kircaldy Dr. Winter Springs, Fl. 32708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Service Company

ARTICLE IV SHARES

The number of shares of stock is:

100 .

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Ingerborg Hendricks Pres./ Secty 324 Kircaldy Dr.

Winter Springs, Fl. 32708

REGISTERED AGENT

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

Ingerborg Hendricks 324 Kircaldy Dr. Winter Springs, Fl. 32708

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Ingerborg Hendricks 324 Kircaldy Dr. Winter Springs, Fl. 32708

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

Ingerborg Hendricks