

PO2000121250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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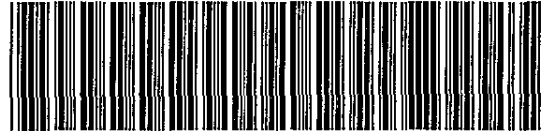
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/30/02--01060--006 \*\*78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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W-31441

## TRANSMITTAL LETTER

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

SUBJECT: TICKET ANGEL TRAFFIC DEFENSE  
(Proposed corporate name - must include suffix)

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

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

|   |   |
|---|---|
| <input checked="" type="checkbox"/> <sup>78.75</sup><br><del>\$122.50</del><br>Filing Fee<br>& Certified Copy | <input type="checkbox"/> \$131.25<br>Filing Fee,<br>Certified Copy<br>& Certificate |
| Additional Copy Required  |   |

FROM: ALLISON GILMAN  
Name (printed or typed)

400 S.E. 9th Street  
Address

Fort Lauderdale, FL 33316  
City, State & Zip

954-763-3453  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

November 1, 2002

ALLISON GILMAN  
400 SE 9TH STREET  
FORT LAUDERDALE, FL 33316

SUBJECT: TICKET ANGEL TRAFFIC DEFENSE  
Ref. Number: W02000031441

We have received your document for TICKET ANGEL TRAFFIC DEFENSE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent and street address must be consistent wherever it appears in your document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight  
Document Specialist  
New Filing Section

Letter Number: 102A00060076

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

TICKET ANGEL TRAFFIC DEFENSE, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

400 S.E. 9th Street  
Fort Lauderdale, FL 33316

### ARTICLE III SHARES

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

100 at par value \$1.00

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHELE LYNNE HEARN  
~~530 MULBERRY LANE~~  
~~DAVIE, FL 33325~~

400 SE 9th  
Ft Lauderdale 33316

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

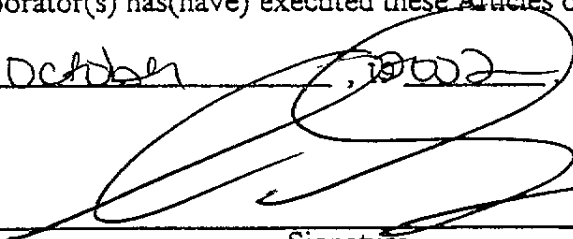
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

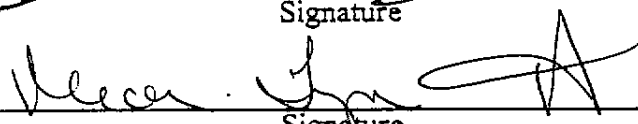
ALLISON GILMAN - PRESIDENT

MICHELE LYNNE HEARN - VICE PRESIDENT, SECRETARY, TREASURER

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28 day of October, 2002

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: TICKET ANGEL TRAFFIC DEFENSE, INC.

2. The name and address of the registered agent and office is:

MICHELE LYNNE HEARN  
(NAME)

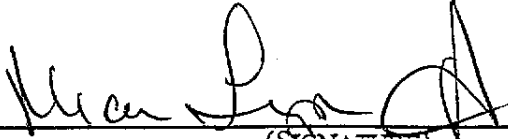
400 SOUTHEAST 9th STREET

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

FORT LAUDERDALE, FL 33316  
(CITY/STATE/ZIP)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 registered 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.*

  
(SIGNATURE)

10.28.08  
(DATE)