P02000125825

| (Requestor's Name) |
|---|
| |
| (Address) |
| , , |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Dusiness Entry Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



100009103711

11/21/02--01054--013 **78.75

TRANSMITTAL LETTER

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

| SUBJECT: | THRICE INC. (PROPOSED CORPORA | 2. | | | |
|--|-----------------------------------|-----------------------------|---------------------|--|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCLI</u> | DE SUFFIX) | | |
| | | | | | |
| | | | | | |
| Enclosed are an orig | inal and one (1) copy of the arti | icles of incorporation and | a check for: | | |
| D 670.00 | \$78.75 | □ #go ge | : [] #07 #0 | | |
| ☐ \$70.00 Filing Fee | Filing Fee | \$78.75 Filing Fee | \$87.50 Filing Fee, | | |
| 1 ming 1 cc | & Certificate of Status | & Certified Copy | Certified Copy | | |
| | | | & Certificate of | | |
| | | | Status | | |
| | | ADDITIONAL COPY REQUIRED | | | |
| FROM: Preston Cook Name (Printed or typed) | | | | | |
| 6215 Forest Grave Blvd | | | | | |
| Orlando, Pl 32808 | | | | | |
| (407) 836-4157 Daytime Telephone number | | | | | |

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

| | 200 |
|---|--|
| ARTICLES OF INCORPORATION | 2002 TO |
| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | 27 27 27 27 27 27 27 27 27 27 27 27 27 2 |
| ARTICLE I NAME | = - |
| The name of the corporation shall be: | |
| THRICE, Inc. | 异而 25 |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal place of business/mailing address is: | |
| 6215 Forest Grove Blvd | |
| Orlanda FL 32808 | |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: | |
| Professional Corporation Offering Tax S | ervices |
| ARTICLE IV SHARES | |
| The number of shares of stock is: | |
| 1000 Common Shares C \$100 Par Valu | <i>(</i> 2 |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) | _ |
| The name(s), address(es) and title(s): | |
| Preston D. Cook | |
| 6215 Forest Grove Blvd | |
| Orlanda FL 32808 | |
| President | - |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address of the registered agent is: | |
| treston D. Cook Blad | |
| 6215 Forest Grove Blvd | |
| Orlandon FL 32808 | , |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: | • |
| Preston D. Cook | |
| 6215 Forest Grove Blad | |
| Orlando FL 32808 | |
| *************************************** | ****** |
| Having been named as registered agent to accept service of process for the above stated corporation at the p certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity | lace designated in this |
| $(\mathcal{O}V(2))$ | |
| 11-11 | -01 |
| Signature/Registered Agent Dat | e |
| Signature/Registered Agent Dat Dat 1/-//- | 02 |
| Signature/Incorporator Dat | • |