## PO2000 128284

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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## TRANSMITTAL LETTER

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

SUBJECT:	Terps, Inc.	= ·	·	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	d a check for:	
□ \$70.00	∑ \$78.75	<b>⊠</b> \$78.75	<b>□</b> \$87.50	
	Filing Fee	Filing Fee	Filing Fee,	
2 111119 2 00	& Certificate of Status	& Certified Copy	~	
		,	& Certificate of	
			Status	
		ADDITIONAL CO		
FROM:	Bruce Gordon	. <u>.</u>		
	Name	(Printed or typed)		
7631 Desert Inn Way Address				
Address				
	Brudenton, F	Florida 34202 State & Zip	2_	
•	City,	State & Zip	<del></del>	
	_			
	941-232-490	90		
•	Daytime T	elephone number		

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

## ARTICLES OF INCORPORATION

Signature/Incorporator

In compliance with Chapter 607 and/	or Chapter 621, F.S. (Profit)	
ARTICLE I NAME  The name of the corporation shall be:	Terps, Inc.	SECRETARY OF STATE DIVISION OF CORPORATIONS
ARTICLE II PRINCIPAL OF The principal place of business/mailin	regaddress is: 7631 Deser Bradenton,	02 DEC -2 PM 2:29 + Inn Way Florda 34202
ARTICLE III PURPOSE  The purpose for which the corporation	on is organized is: Conducting the state	for profit business in of Florida
ARTICLE IV SHARES The number of shares of stock is: 1, 1	000	
ARTICLE V INITIAL OFFIC	ERS/DIRECTORS (optional)	
The name(s), address(es) and title(s):		Stacy Gordon 7631 Desert Inn Way Bradenten, Fl. 34202 Vice fresident
ARTICLE VI REGISTERI	ED AGENT	
The name and Florida street address	s of the registered agent is: Bru 763	ce Gordon 1 Desert Inn Way denton, Fl. 34202
ARTICLE VII INCORPORA? The name and address of the Incorpo		Way 4202
***********	**********	***********
Having been named as registered agent to accertificate, I am familiar with and accept the		ed corporation at the place designated in this te to act in this capacity
my fell-		11/25/02
Signature/Registered Agent		Date

Date