000133605

(Requestor's Name) (Address)	10000946
(Address)	10000940
(City/State/Zip/Phone #)	12/23/0201017
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only	



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NOTATION OF CONTRACT AT INC. 02 DEC 23 AN ID: 04

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Address Zip Phone V

CORPORATION(S) NAME

	Managara and the state of the s	
) Profit		
) NonProfit	() Amendment	() Merger
) Foreign	() Dissolution	() Mark
) Limited Partnership	() Annual Report	() Other
() Reinstatement	() Reservation	() Change of Registered Agent
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Examiner			-
Updater	<u> </u>		
Varifier			
Acknowledgment			
W.P. Verifier			

Toll Free: 1-800-432-3028

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ARTICLES OF INCORPORATION

	of	
TALLENT		INC.
	(name of corporation)	
The undersigned subscriber(s) to these Articles corporation under the laws of the State of Flori		nt to contract, hereby form a
AR The name of the corporation is:	TICLE I - CORPORATE NAME	
	guons #7 INC	<u> </u>
		CRE E
	ARTICLE II - DURATION	C 23
This corporation shall exist perpetually unless	dissolved according to Florida law.	
	ARTICLE III - PURPOSE) I I: 03 I ATE LOR: DA
The corporation is organized for the purpose of United States and the State of Florida.	f engaging in any activities or business permi	itted under the laws of the
	RTICLE IV- CAPITAL STOCK	
The corporation is authorized to issue One Dollar(s) (\$ 1.00) par value Com	mon Stock, which shall be designated "Com	
ARTICLE V - IN	IITIAL REGISTERED OFFICE AND AGENT	r
The street address of the Initial Registered Age	ent office and the name of the Initial Register	ed Agent at that office is:
NAME TODA Shumway		
ADDRESS 10062 CRUSSIN	NDS RD	
CITY BOCA Raton	FLORIDA	ZIP 33498
The principal office, if known, or the mailing a	address of the corporation is:	
NAME TALLENT LIG	vons IF, INC.	
NAME TALLENT LIG ADDRESS 10062 CROSS	WINDS RD	<u> </u>
CITY ROCA Paton	FLORIDA	71237498

NAME JIM Shumway		
NAME JIM Shumway ADDRESS 10062 CRUSS	WINDS RD	
CITY BOCA Raton	STATE FC	zip 33 4 98
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
The names and addresses of the incorporators signame NAME TIM Shumwa Y ADDRESS 10062 CROSSWI		ollows:
NAME JIM Shumura Y		zip 33498
NAME JIM Shumway ADDRESS 10062 CROSSWI		
NAME JIM Shumway ADDRESS 10062 CROSSWI CITY BOCA RATON NAME		
NAME JIM Shumway ADDRESS 10062 CROSSWI CITY BOCA RATON NAME ADDRESS	NDS RD STATE FC	ZIP 33498
NAME JIM Shumwa Y ADDRESS 10062 CROSSWI CITY BOCA RATON NAME ADDRESS CITY	NDS RD STATE FC	ZIP 33498

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

TALLENT LIGUORS IF, INC.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at	100 6	2 Cro	SS WIND	s RD	
	BOLA	Ruton	, FC	33498	
has name	d	odd S	Lumwa	/	
located at	the aforesaid	address, as its Regi	stered Agent to a	accept service of process	withir
this state.					

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)