

P02000134315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

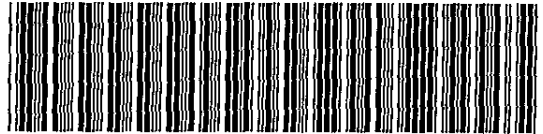
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600009010786

11/19/02--01026--008 **87.50

FILED
02 DEC 23 PM 2:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT:

A TROPIC ARTS CORPORATION
(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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

ROBERT N LILJEGREN
Name (Printed or typed)

18605 48TH AVE NORTH
Address

LOXAHATCHEE FL 33470
City, State & Zip

561-790-0153
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

November 22, 2002

ROBERT N. LILJEGREN
18605 48TH AVE NORTH
LOXAHATCHEE, FL 33470

SUBJECT: A TROPIC ARTS CORPORATION
Ref. Number: W02000033357

We have received your document for A TROPIC ARTS CORPORATION. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is 339883.

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) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 702A00063267

FILED

02 DEC 23 PM 2:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

TROPIC ARTS ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

18605 48TH AVE N.
LOXAHATCHEE FL. 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LANDSCAPING/PRESSURE CLEANING/SUPERVISED CONST. SVG(SAD)
TO PROVIDE SERVICES IN THE CONSTRUCTION INDUSTRY.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ROBERT N. LILJEGREN 18565 48TH AVE N LOXAHATCHEE FL 33470 PRESIDENT

ARTICLE VI REGISTERED AGENT

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


ROBERT N. LILJEGREN
18565 48TH AVE N. LOXAHATCHEE FL 33470

ARTICLE VII INCORPORATOR

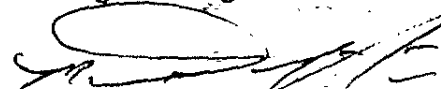
The name and address of the Incorporator is:

ROBERT N. LILJEGREN
18565 48TH AVE N. LOXAHATCHEE FL. 33470

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

11-14-02
Date


Signature/Incorporator

11-14-02
Date