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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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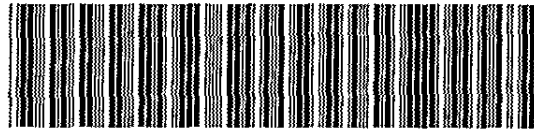
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7 5AMTH MAR 03 2003

TRANSMITTAL LETTER

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

SUBJECT: TEARDROPS ENTERPRISES INC. T-DENT. INC
(Proposed corporate name - must include suffix)

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

Rudolph TURNER

Name (Printed or typed)

805 SUWANNEE DRIVE

Address

APOPKA, FL 32703

City, State & Zip

407-788-3527

Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

TEARDROPS ENTERPRISES INC.
NON-PROFIT CORP.

ARTICLE II PRINCIPLE OFFICE

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

805 SUWANNEE DRIVE
APOPKA, FL 32703

ARTICLE III SHARES

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

100 SHARES OF STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Rudolph TURNER
SAME AS ABOVE

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Rudolph TURNER
SAME AS ABOVE

Rudolph Turner
Signature/Incorporator

2-25-03
Date

(An additional article must be added if an effective date is requested.)

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.

Rudolph Turner
Signature/Incorporator

2-25-03
Date

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TALLAHASSEE, FLORIDA

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