## P03000128567

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SECRETARY OF STATE TALLAHASSEE FLORIDA

03 NOV -5 PH 4: 4

## TRANSMITTAL LETTER

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

SUBJECT:	Team 1 HQ	, Inc		
	(PROPOSED CORPORA	YTE NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:	
i /	murana one (1) copy or are are	notes of moorpoteston and		
\$70.00	□ \$78.75	\$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
1 1111-6 1 40	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Michael	Lublin		
	Name (Printed or typed)			
2401 Stonevicu Road				
	Orlando City	FL 3280 7, State & Zip	6	
407-896-6492				
Daytime Telephone number				

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

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) FILED ARTICLE I 03 NOV -5 PM 4: 46 The name of the corporation shall be: SECRETARY OF STATE TALLAHASSEE FLORIDA The principal place of business/mailing address is: The purpose for which the corporation is organized is: SHARES The number of shares of stock is: 1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): REGISTERED AGENT The name and Florida street address of the registered agent is: The name and address of the Incorporator is: 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

Signature/Incorporator