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FL DEPARTMENT OF STATE DIVISION OF CORPORATION P. O. BOX 6327 TALLAHASSEE, FL 32314

CORPORATION:

GENTLEMEN:

ENCLOSED PLEASE FIND THE ORIGINAL AND ONE COPY OF THE ARTICLES OF INCORPORATION, TOGETHER WITH MY CHECK IN THE AMOUNT \$78.75.

THIS REPRESENTS THE COST OF THE FILING FEES, CERTIFIED COPY ARTICLES OF INCORPORATION AND FEE FOR REGISTERED AGENT DESIGNATION FOR THE ABOVE NAMED CORPORATION.

VERY TRULY YOURS,

Stacy Mellette

INDIVIDUAL 171 SHERMAN DR CIR
INTERLACHEN, FL 32148

CORPORATION

ARTICLES OF INCORPORATION

of

Stacy Mellette INC. (name of corporation of the undersigned acting as the incorporators of a corporation of the following articles of incorporation for such corporation:		
The undersigned acting as the incorporators of a corporation of the following articles of incorporation for such corporation:		
	under the Florida Business (Corporation Act, adopt(s)
ARTICLE I - CORPO	ORATE NAME	
The name of the corporation is:		TAT SE
Stacy Mellette INC.		F.S. 33
They I letter to select		
ARTICLE II - D	OURATION	-5 P
This corporation shall exist perpetually unless dissolved accor-	rding to Florida law.	-5 PM 1: 37
ARTICLE III - I	PURPOSE	
The corporation is organized for the purpose of engaging in a United States and the State of Florida.	ny activities or business per	rmitted under the laws of the
The corporation is authorized to issueshares of c	RINCIPAL OFFICE	per share.
STREET ADDRESS 171 Sherman Dr. Cr.		
Interlaction 8		
CITY Interlachen	FLORIDA	ZIP 32148
Mailing address, if different		
STREET ADDRESS		, ag
	<u> </u>	
CITY	FLORIDA	ZIP
ARTICLE VI - INITIAL REGISTE The street address of the initial registered office and the		
	name of the fillial regist	cicu agent at the office is:
NAME	<u></u>	
ADDRESS	· · ·	<u> </u>
CITY	FLORIDA	ZIP

ARTICLE VII - INITIAL BOARD OF DIRECTORS

NAME Stacy Mellette		
NAME Stacy Mellette ADDRESS 171 Sherman Dr. Cr. CITY Interlachen		¥
CITY Interlachen	STATE FL	ZIP 32148
NAME		
ADDRESS	·	
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
ARTI	ICLE VIII - INCORPORATORS	
The names and addresses of the incorporators sign	ning these Articles of Incorporation are as f	ollows:
NAME Stack Mellatte		
ADDRESS 171 Sharman Do (c		
NAME Stacy Mellette ADDRESS 171 Sherman Dr. Cr. CITY Interlachen	STATE FI.	ZIP32148
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		,
CITY	STATE	ZIP
The undersigned incorporator(s) have execute day of <u>Pecember</u>	ed these Articles of Incorporation this	4#
day of	, , , , , , , , , , , , , , , , , , , ,	-
	Sty Milit	(Signature)
		(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

(name of corporation)		
Pursuant to Florida Statutes Sections 48.09	I and 607.0501, the following is submitted:	
The above corporation, organized under the	e laws of the State of Florida with its registered offic	
as indicated in the Articles of Incorporation		
at # 171 Sherman Dr. Cr. In	oter achen Fl. 32148	
has named n Stacy Mellette		
located at the aforesaid address, as its regis	stered agent to accept service of process within this	
state.	•	
• .		
Having been named as registered agent and	I to accept service of process for the above stated	
corporation at the place designated in this of		
	vermination i hereby accept the appointment as regis-	
tered agent and agree to act in this capacity		
	. I further agree to comply with the provisions of all	
	the Land I further agree to comply with the provisions of all eperformance of my duties, and I am familiar with	
statutes relating to the proper and complete	the Land I further agree to comply with the provisions of all eperformance of my duties, and I am familiar with	