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TRANSMITTAL LETTER

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

SUBJECT:TWO TEARS IN A BUCKET INC				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	CDE SUFFIX)	<u></u>
Enclosed are an original	inal and one (1) copy of the art	icles of incorporation and	l a check for:	
□ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM:	IVORY G BAKER Name (Printed or typed)			
6940 SW 36TH COURT Address				
MIRAMAR FL 33023 City, State & Zip				
-	(305)684-1398 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)

ARTICLE I NAME

The name of the corporation shall be: TWO TEARS IN A BUCKET INC

FILED

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SECKETALL OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 6940 SW 36TH COURT MIRAMAR, FL 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

IVORY G BAKER (PRESIDENT), 6940 SW 36TH COURT MIRAMAR, FL 33023

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is: GARY PONDER, 1829 9TH AVE S ST PETERSBURG, FL 33712

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

IVORY G BAKER (PRESIDENT), 6940 SW 36TH COURT MIRAMAR, FL 33023

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

Hale

Date