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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
, , , , ,				
PICK-UP WAIT MAIL				
(Dusings Fulfic Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filing Officer.				

Office Use Only



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ECRETARY OF STATE

MAR 17 AN II:



TRANSMITTAL LETTER

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

SUBJECT:	Tallahassee Supersquads Inc.			
	(PROPOSED CORPORATI	E NAME – MUST INCLUD	E SUFFIX)	
Parties d'annaigh				
enciosed is an origin	nal and one(1) copy of the artic	eles of incorporation and a	a cneck for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
		FROM:		
	Tam	Tamu Griffin		
	Name (Printed or typed)			
	1839 Portland A	venue Appartment #4		
		Address	-	
Tallahassee, Florida 32303			•	
	City	, State & Zip	<u> </u>	
	850-383-0508			
	Daxtime	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

04 MAR 17 AM 11: 09

SECRETARY OF STATE
TALLAMASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Tallahassee Supersquads Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1839 Portland Avenue Appartment #4
[[] Lahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To teach basic noncompetitive Cheerleading and Dance

ARTICLE IV SHARES

The number of shares of stock is:

· None

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Tamu Griffin/Director 1839 Portlaind Avenue Appartment #4 Tallahassee, Florida 32303

ARTICLE VI REGISTERED AGENT

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

Tamu Griffin
1839 Portlalnd Avenue Appartment #4
Tallahassee, Florida 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tamu Griffin

1839 Portlaind Avenue Appartment #4

Tallahassee, Florida 32303

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

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March le 2004