

PH000073463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

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

**SUBJECT:** TRIPPLE INCOME INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a 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:** CALVIN ROBERTS

Name (Printed or typed)

18229 N.W. 40 PLACE

Address

MIAMI, FL. 33055

City, State & Zip

(954)895-7758

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:  
TRIPPLE INCOME INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
18229 N.W. 40 Place Miami, FL. 33055

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Internet Investment of Stocks and options

**ARTICLE IV SHARES**

The number of shares of stock is:  
1000 Shares @ \$0.50 per share

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
Calvin Roberts - 18229 N.W. 40 Place Miami, FL. 33055 - President.

**ARTICLE VI REGISTERED AGENT**

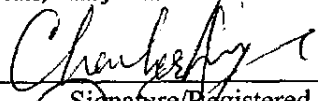
The name and Florida street address of the registered agent is:  
Charles Inije  
16499 N.W. 19th Avenue #213A  
N. Miami Bch. FL. 33162

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Calvin Roberts  
18229 N.W. 40th Place  
Miami, FL. 33055.

\*\*\*\*\*

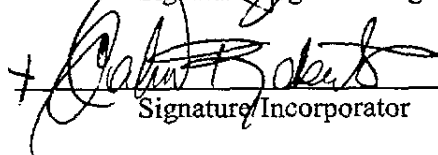
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

04/15/2004

Date



Signature/Incorporator

04/15/2004

Date

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04 APR 28 PM 3:58  
TALLAHASSEE  
FLORIDA