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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FLORIDA PROFIT CORPORATION OR P.A.

T.T.O. VENTURES INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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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:

T.T.O. VENTURES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

265 SW PSL BLVD #113
PORT ST LUCIE FL 34984

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INVESTMENTS/MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

THOMAS L KING PRESIDENT
265 SW PSL BLVD #113 DIRECTOR
PORT SAINT LUCIE FL 34984

ARTICLE VI REGISTERED AGENT

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

THOMAS KING
265 SW PSL BLVD., #113, Port St. Lucie, FL 34984

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

THOMAS L KING
265 SW PSL BLVD #113
PORT ST LUCIE FL 34984

During 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

6-21-04

Date

6-21-04

Date

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