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| (Requestor's Name) | | | |
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| (Address) | | | |
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| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| | | | |
| Certified Copies Certificates of Status | | | |
| | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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TRANSMITTAL LETTER

TILLE

2005 FEB 21 AM 9: 38

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

| SUBJECT: | rans Atlanti | c Tracting | Partner : | s, Inc. |
|----------------------|--|-------------------------------------|--|---------|
| Enclosed are an orig | inal and one (1) copy of the art | icles 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 CO | PY REQUIRED | |
| FROM: | | | | |
| .: | 217 River | Village I |)r. | |

NOTE: Please provide the original and one copy of the articles.

407-467-016

Daytime Telephone number

| The name of the corporation shall be: Trans Atlantic trading Partners, Inc. |
|--|
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 217 RIVET VIII age Dr. DeBary, FL. 32713 |
| The purpose for which the corporation is organized is: For a Professional Corporation |
| The number of shares of stock is: 100 Shares |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS |
| List name(s), address(es) and specific title(s): |
| Julie Baker |
| 217 River Village Dr. |
| Tulie Baker 217 River Villege Dr. DeBay, FL. 32713 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Tulie Baker |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: |
| Julie Baker |
| ARTICLE VII INCORPORATOR 7, FL. 33713 |
| DeB3(1, FL: 3/M12 |
| The name and address of the Incorporator is: |
| Julie Baker |
| Julie Daker |
| DEBary, FL. 32713 |
| ************************************** |
| 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 Z R O 5 |
| J. 0 - 2 6 |
| Signature/Incorporator Date |

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)