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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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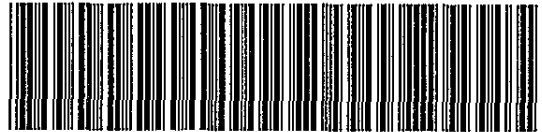
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/05/05--01053--003 **78.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 JUL -5 AM 9:15

MRS
7/6

TRANSMITTAL LETTER

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

SUBJECT: Tripack Specialists 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: Uma Bhalla

Name (Printed or typed)

1403 Allison Avenue

Address

Altamonte Springs, Florida. 32701

City, State & Zip

321-303-6826

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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUL -5 AM 9:15

ARTICLE I NAME

The name of the corporation shall be:

Tripack Specialists Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2948 Cypress Chase Lane
Oviedo, Fl. 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States of America and the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

10,000. The Share will be: No par value The shareholders will have preemptive rights with respect to additional shares of stock sold by the corporation

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Roseann Viola
2948 Cypress Chase Lane
Oviedo, Fl. 32765
PRESIDENT

Uma Bhalla
1403 Allison Avenue
Altamonte Springs, Fl. 32701
VICE-PRESIDENT / SECRETARY

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Ajay Singh Bhalla
1403 Allison Avenue
Altamonte Springs, Fl. 32701

ARTICLE VII INCORPORATOR

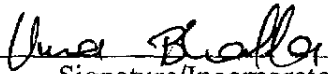
The name and address of the Incorporator is:

Uma Bhalla
1403 Allison Avenue
Altamonte Springs, Fl. 32701

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

6/29/05
Date


Signature/Incorporator

6/29/05
Date