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TRANSMITTAL LETTER

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

Tracie Su	ther lano	Inc		
(PROPOSEE CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
	1 C	La ataurta Cara		
inal and one (1) copy of the artic	tes of incorporation and	a check for:		
\$78.75	□ \$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee,		
& Certificate of Status	& Certified Copy	Certified Copy & Certificate of		
		Status		
	ADDITIONAL CO	PY REQUIRED		
Ron Ben	field			
Name (Printed or typed)			
58 Sioux	Circle			
A	ddress			
Hovana, Fr	32333 State & Zip	,		
1000	-20 -101			
Daytime Telephone number				
	inal and one (1) copy of the article \$78.75 Filing Fee & Certificate of Status Ron Ben Name (58 Stown Hovana City, 3 (850) 5	inal and one (1) copy of the articles of incorporation and \$78.75 Filing Fee & Certificate of Status \$8 ADDITIONAL CO Ron Ron Ben field Name (Printed or typed) Address		

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

ARTICLE I NAME The name of the corporation shall be: TRACIE Sufnekland Ine ARTICLE I PRINCIPAL OFFICE TRED TO THE PRINCIPAL OFFICE THE principal place of business/mailing address is: 1989 Bushy Ha II Rd Tallahassee, FI 33309 ARTICLE III PURPOSE The purpose for which the corporation is organized is: DCLufa fiunal Heraff ARTICLE II SHARES The number of shares of stock is: \OO ARTICLE V INITIAL OFFICER; AND/OR DIRECTORS List name(s), address(es) and specific title(s): TRACIE Sutherland - 1989 Bushy Hall Rd Tallahassee, FI 33309 - Has/dend ARTICLE VI REGISTERED AIGENT The name and Florida street address of the registered agent is: Ron Benfield 58 Sioux Crecke 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 fundition with and accept the appointment as registered agent and agree to act in this capacity 11.59 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 fundition with and accept the appointment as registered agent and agree to act in this capacity 11.59 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 fundition with and accept the appointment as registered agent and agree to act in this capacity 1.50 1.51	Make ,	
The name and Florida street address of the registered agent is: Ron Ben field 58 Sioux Ciecle Havang Fl 3333 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Ron Ben field 58 Sioux Ciecle Havang Fl 3333 ********************************	In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: TRACIE Sufficient Inc ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1989 Bushy Hall Rd Tallahassee Fl 33309 ARTICLE III PURPOSE The purpose for which the corporation is organized is: OCCUPATIONAL HIERARY ARTICLE IV SHARES The number of shares of stock is: OO ARTICLE V INITIAL OFFICER'S AND/OR DIRECTORS List name(s), address(es) and specific title(s):	2005 AUG 10 PM 2: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Signature/Registered Agent B/10/05	The name and Florida street address of the registered agent is: Ran Benfre ld 58 Sidux GRCle Howard Fl 3333 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Ran Benfre ld 58 Sidux Citale Howard Fl 3333 ********************************	

Non Byw Signafure/Incorporator