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(Re	equestor's Name)		
(Ad	idress)		
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(Un	ty/State/Zip/Phone #	<b>)</b>	
PICK-UP	WAIT	MAIL	
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Certified Capies	Certificates of	Status	
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Chariel Instructions to	Elling Officers		
Special Instructions to Filing Officer:			
Office Use Only			



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## **COVER LETTER**

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

SUBJECT: Trop	hies Plus Incorporat	ted	
	(PROPOSED CORPORA)	TE NÂME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti-	cles of incorporation and	a check for:
S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: R	obert Kreps Name	(Printed or typed)	
	72 Weeping Willow Co	ourt Address	
	Crawfordville, FL 32327	7 State & Zip	
	(9E0) 026 4440		

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

Daytime Telephone number

# 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:

**Trophies Plus Incorporated** 

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

72 Weeping Willow Court Crawfordville, FL 32327

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in all aspects of providing trophy and award services. The corporation shall further have unlimited power to engage in and do any lawful act concerning any and all lawful business for which corporations may be organized under the Corporation Act and any amendments thereto in the State of Florida.

#### ARTICLE IV SHARES

The number of shares of stock is:

one hundred (100)

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert Kreps 72 Weeping Willow Court Crawfordville, FL 32327 Chairman

Laura Kreps 72 Weeping Willow Court Crawfordville, FL 32327 Director

#### ARTICLE VI REGISTERED AGENT

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

Robert Kreps 72 Weeping Willow Court Crawfordville, FL 32327

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert Kreps
72 Weeping Willow Court
Crawfordville, FL 32327

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

	12/13/05
Signature/Registered Agent	Date
To Stort They s	12/13/05
Signature/Incorporator	Date