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# **COVER'LETTER**

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

SUBJECT: THE TROPIC JUNGLE I	NC	
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
•	•	
	•	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:
Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	
l	<u> </u>	
FROM: JOEL RICHARD RYAN		
· Name (	Printed or typed)	
4515 GARDEN AVE		
A	ddress	<del></del>
WEST PALM BEACH, F		
City, S	State & Zip	
561-452-4284		
Daytime Te	lephone 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)

#### ARTICLE I NAME

The name of the corporation shall be:

THE TROPIC JUNGLE INC

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4515 GARDEN AVE WEST PALM BEACH, FL 33405

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AIRCRAFT MAINTENANCE

### ARTICLE IV SHARES

The number of shares of stock is: 100

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOEL R RYAN - PRESIDENT/SECRETARY



#### ARTICLE VI REGISTERED AGENT

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

JOEL R RYAN 4515 GARDEN AVE WEST PALM BEACH, FL 33405

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOEL R RYAN 4515 GARDEN AVE WEST PALM BEACH, FL 33405

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