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PICK-UP WAIT MAIL

(Business Entity Name)

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2-16-06
W.C.

COVER LETTER

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

SUBJECT: TROPICAL TREE 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: TROPICAL TREE INC
Name (Printed or typed)

2390 PINE ST
Address

OVIEDO FL 32765
City, State & Zip

407-366-4089
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

TROPICAL TREE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

2390 PINE ST
OVIDO FL 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

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):

BILLY BOBO-DIR.
2390 PINE ST
OVIDO FL 32765

ARTICLE VI REGISTERED AGENT

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

BILLY BOBO
2390 PINE ST
OVIDO FL 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BILLY BOBO
2390 PINE ST
OVIDO FL 32765

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

Billy D Bobo
Signature/Registered Agent

2-8-06
Date

Billy D Bobo
Signature/Incorporator

2-8-06
Date