

PO6000125144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

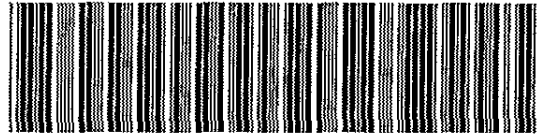
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/29/06--01042--004 \*\*78.75

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06 SEP 29 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
9/29

**COVER LETTER**

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

SUBJECT: Triplet's Investment 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: Jeioy Masvidal  
Name (Printed or typed)

11890 SW 51 ST  
Address

Miami FL 33175  
City, State & Zip

(305) 338-0711  
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**

06 SEP 29 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

TRIPLET'S Investment Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

11890 SW 51 ST  
MIAMI FL 33175

**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):

President: Leioy Masuidal  
11890 SW 51 ST  
MIAMI FL 33175

Pablo Alkian  
11890 SW 51 ST  
MIAMI FL 33175  
Vice-President

**ARTICLE VI REGISTERED AGENT**

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

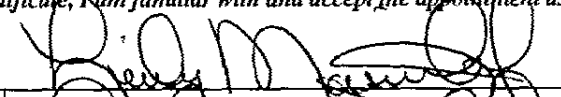
Leioy Masuidal  
11890 SW 51 ST  
MIAMI FL 33175

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Leioy Masuidal  
11890 SW 51 ST  
MIAMI FL 33175

\*\*\*\*\*  
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

9/28/06  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9/28/06  
\_\_\_\_\_  
Date