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O7 SEP 13 PH II: 58
SECRETARY OF STATE

9/17

# **COVER LETTER**

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

SUBJECT: Team Technology Services	inc.	
(PROPOSED CORPORA	ΓΕ NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:
\$70.00 \$78.75 Filing Fee Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
	ADDITIONAL CO	
FROM: _Michele Herpin		
Name (	(Printed or typed)	
3573 Somerset Circle		
	Address	
Kissimmee, Florida 34746		
City,	State & Zip	
210-882-8129		
Daytime To	elephone 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:

## ARTICLE II PRINCIPAL OFFICE

Team Technology Services Inc.

The principal place of business/mailing address is:

3573 Somerset Circle Kissimmee, Florida 34746

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting

### <u>ARTICLE IV SHARES</u>

The number of shares of stock is: 1,000,000.00

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michele Herpin 3573 Somerset circle Kissimmee, Florida 34746 Director

### ARTICLE VI REGISTERED AGENT

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

NA MICHELE HERPI'N 3573 Somerset Circle KISSIMMEE, FL 34744 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michele Herpin 3573 Somerset Circle Kissimmee, Florida 34746

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

Michel Hupe	9/10/07
Signature/Registered Agent	'Date'
michele Heron	9/10/07
Signature/Incorporator	Date

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